MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---November 10, 2026

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	641,872.89
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED November 10, 2026	$	641,872.89
TOTAL TRANSFERS BETWEEN FUNDS-HELD BY MMC	$	227,303.05
TOTAL MMC TRANSFERS OF NURSING HOME REVENUE	$	297,502.83
GRAND TOTAL TRANSFERS BETWEEN FUNDS APPROVED November 10, 2026	$	524,805.88
GRAND TOTAL FOR APPROVAL ON November 10, 2026	$	1,166,678.77

APPROVED

NOV 10 2026

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---November 10, 2026

PAYABLES AND PAYROLL			
11/5/2026	Weekly Payables	375,250.27	
11/9/2026	Morris & Dickson - MMC Rx	24,170.27	
11/9/2026	McKesson - 340B Prescription Expense	8,540.29	
11/9/2026	Cencora-340B Prescription Expense	829.74	
11/9/2026	Cencora-340B Prescription Expense	312.43	
Prosperity Electronic Bank Payments			
11/9/2026	90 Degree Benefits - employee insurance claims	33,930.84	
11/9/2026	90 Degree Benefits - employee insurance claims	4,731.24	
11/9/2026	Sales Tax - October 2026 - Difference	1,450.40	
11/9/2026	TCDRS October 2026 Retirement	189,615.42	
11/9/2026	Pay Plus - Patient Claims Processing Fee	854.05	
11/9/2026	Credit Card Lease Fee	610.46	
11/9/2026	Credit Card Processing Fee	360.00	
11/9/2026	Authnet Gateway	25.00	
11/9/2026	Loyal Health Trubridge - Credit Card Processing Fee	1,192.48	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 641,872.89**
GRAND TOTAL DISBURSEMENTS APPROVED November 10, 2026			**$ 641,872.89**
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
11/6/2026	MMC Operating to Bethany/Lavaca Bay - Correction of insurance payment deposited into MMC Operating in error	29,439.50	
11/6/2026	MMC Operating to Golden Creek Healthcare - Correction of insurance payment deposited into MMC Operating in error	94,981.33	
11/6/2026	MMC Operating to Tuscany Village - Correction of insurance payment deposited into MMC operating in error	102,882.22	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 227,303.05**
NURSING HOME UPL TRANSFERS OF PREVIOUS WEEK'S RECEIPTS			
11/9/2026	Nursing Home UPL - Nexion Transfer	119,629.11	
11/9/2026	Nursing Home UPL - Tuscany Transfer	92,014.81	
11/9/2026	Nursing Home UPL - Lavaca Bay Transfer	82,836.23	
TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC			
11/9/2026	Lavaca Bay to MMC - Humana Recoup on MMC funds	1,280.64	
11/9/2026	Lavaca Bay to MMC - Humana Recoup on MMC funds	1,742.04	
TOTAL NURSING HOME UPL EXPENSES			**$ 297,502.83**
GRAND TOTAL TRANSFERS BETWEEN FUNDS APPROVED November 10, 2026			**$ 524,805.88**

RECEIVED
NOV 05 2026
Calhoun County Auditor

11/05/2026 MEMORIAL MEDICAL CENTER 0
11:35 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 11/19/2026

Vendor#	Vendor Name	Class	Pay Code
11283	ACE HARDWARE 15521		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
093026		11/03/202	09/30/202	10/25/202			702.45	0.00	0.00	702.45
	HARDWARE SUPPLIES SEPT STATEMENT									
103126		11/03/202	10/31/202	10/31/202			1,447.54	0.00	0.00	1,447.54
	HARDWARE SUPPLIES OCT STATEMENT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	2,149.99	0.00	0.00	2,149.99

Vendor#	Vendor Name	Class	Pay Code
13180	ADVANCED STERILIZATION PRODUCT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8021139607		10/20/202	10/14/202	11/04/202			362.94	0.00	0.00	362.94
	STERRAD CASSETTE									
8021116106		10/21/202	08/30/202	09/09/202			2,647.00	0.00	0.00	2,647.00
	MEDICAL DEVICE SOFTWARE - Service period 8/30 - 11/28									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13180	ADVANCED STERILIZATION PRODUCT	3,009.94	0.00	0.00	3,009.94

Vendor#	Vendor Name	Class	Pay Code
A1680	AIRGAS USA, LLC - CENTRAL DIV	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5527845053		10/30/202	09/30/202	10/25/202			668.28	0.00	0.00	668.28
	HELIUM/ NITROGEN/ NITR OXIDE/OXYGEN									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	668.28	0.00	0.00	668.28

Vendor#	Vendor Name	Class	Pay Code
10560	ALTEX ELECTRONICS LTD		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INVCOR17150		10/21/202	08/14/202	09/01/202			1,039.75	0.00	0.00	1,039.75
	(X20) MOUNT BRACKETS/WALL PLATES (X2)/ETHERNET CABLE(X3)									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10560	ALTEX ELECTRONICS LTD	1,039.75	0.00	0.00	1,039.75

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
1LGFMF6X9FG7		11/04/202	10/15/202	11/14/202			29.10	0.00	0.00	29.10
	3 POLE 40 AMP CONTRACTOR/INSULATED CAPS/NUTS									
1HGKGWRRY6M6		11/04/202	10/16/202	11/15/202			64.99	0.00	0.00	64.99
	GLASS WHITEBOARD									
1G3FQJT9JK3Y		11/04/202	10/22/202	11/15/202			1,160.52	0.00	0.00	1,160.52
	(2) FOOD CONTAINER/ OFFICE CHAIR(X10)/ RESIN KIT/ STORAGE BOX(X2)									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	1,254.61	0.00	0.00	1,254.61

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV61662S8K8		11/03/202	11/01/202	11/01/202			750.00	0.00	0.00	750.00
	NOVEMBER MAINTENANCE BILLING									

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

Vendor#	Vendor Name	Class	Pay Code
A2271	ARTHREX, INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
929111225		11/04/202	10/19/202	11/04/202			1,915.00	0.00	0.00	1,915.00
	STAR SLEEVE TUBE/ PUMP TUBING/ASPIRATING ABLATOR x3									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	A2271	ARTHREX, INC					1,915.00	0.00	0.00	1,915.00

Vendor#	Vendor Name	Class	Pay Code
11247	AVENO NETWORKS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
17342		11/04/202	11/01/202	11/11/202			4,500.00	0.00	0.00	4,500.00
	CLOUD BACKUP/ SERVER MAINT ENHANCE/RANSOMWARE PROTECTION									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11247	AVENO NETWORKS					4,500.00	0.00	0.00	4,500.00

Vendor#	Vendor Name	Class	Pay Code
B1150	BAXTER HEALTHCARE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
86049379		11/05/202	10/21/202	11/15/202			411.39	0.00	0.00	411.39
	IV EXTENSION SET/ VALVE ADAPTER (X3)									
86090950		11/05/202	11/02/202	11/02/202			3,071.40	0.00	0.00	3,071.40
	IFUSION PUMP LEASE BILLING FOR SOFTWARE LICENSE & INFUSION PUMP BILLING									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE					3,482.79	0.00	0.00	3,482.79

Vendor#	Vendor Name	Class	Pay Code
11544	BAY STORAGE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
20260271		10/30/202	11/01/202	11/01/202			2,820.00	0.00	0.00	2,820.00
	STORAGE RENTAL DEC 26- MAY 2027 (10X10 UNIT X1) (10X15 UNIT X2)									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11544	BAY STORAGE					2,820.00	0.00	0.00	2,820.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112955986		10/01/202	10/23/202	11/17/202			270.83	0.00	0.00	270.83
	SAMPLE CUP (PKG OF 1,000) X3									
5522041		10/01/202	10/25/202	11/19/202			1,337.05	0.00	0.00	1,337.05
	SEPT LEASE CHARGE ASH/DXM 1040 MICROSCAN									
5521322		11/04/202	10/21/202	11/15/202			1,935.15	0.00	0.00	1,935.15
	LEASE CHARGE: ACCESS 2 IMMUNOASSAY (X2) S/N: 574059 / S/N: 574060									
4634112		11/04/202	10/21/202	11/15/202			1,484.00	0.00	0.00	1,484.00
	ACCESS 2 IMMUNOASSAY ANALYZER SERVICE CONTRACT									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC					5,027.03	0.00	0.00	5,027.03

Vendor#	Vendor Name	Class	Pay Code
B1800	BRIGGS HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
B517109		11/04/202	10/19/202	11/04/202			182.25	0.00	0.00	182.25
	ER REGISTRATION BOOK									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	B1800	BRIGGS HEALTHCARE					182.25	0.00	0.00	182.25

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
110426		11/04/202	11/04/202	11/05/202			10.63	0.00	0.00	10.63
	TRANSFER IND COPAY TO IND ACCOUNT									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11041	CALHOUN CO INDIGENT ACCT					10.63	0.00	0.00	10.63

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
103126A		10/01/202	10/31/202	10/31/202			885.55	0.00	0.00	885.55
	701 N VIRGINIA ST UTILITY BILL FOR PT CAMPUS									
103126D		10/01/202	10/31/202	10/31/202			2,245.87	0.00	0.00	2,245.87
	1016 N VIRGINIA ST MMC CLINIC UTILITY BILL									
103126		10/01/202	10/31/202	10/31/202			263.83	0.00	0.00	263.83
	117 W ASH ST UTILITY BILL									
103126B		10/01/202	10/31/202	10/31/202			17.27	0.00	0.00	17.27
	HOSPITAL ST ODLT 122LED ANNEX UTILITY BILL									
103126C		10/01/202	10/31/202	10/31/202			29,271.13	0.00	0.00	29,271.13
	HOSPITAL ST MAIN HOSPITAL CAMPUS									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY	32,683.65	0.00	0.00	32,683.65

Vendor# Vendor Name Class Pay Code

10541 CARESFIELD

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
200034582		10/13/202	10/05/202	11/04/202			264.40	0.00	0.00	264.40
	BANDAGE WRAP x8									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10541	CARESFIELD	264.40	0.00	0.00	264.40

Vendor# Vendor Name Class Pay Code

C1390 CENTRAL DRUG W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1390		11/03/202	10/28/202	10/28/202			77.42	0.00	0.00	77.42
	EYE DILATION GEL SYRINGES x12									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1390	CENTRAL DRUG	77.42	0.00	0.00	77.42

Vendor# Vendor Name Class Pay Code

13264 CERVEY, LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
45604		10/01/202	11/01/202	11/19/202			2,150.00	0.00	0.00	2,150.00
	340B MNTHLY FEE/LICENSE FEE - Clinic									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13264	CERVEY, LLC	2,150.00	0.00	0.00	2,150.00

Vendor# Vendor Name Class Pay Code

11030 CHUBB

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CK920261101		11/05/202	11/01/202	11/01/202			391.40	0.00	0.00	391.40
	LIFETIME BENEFIT TERMS FOR EMPLOYEE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11030	CHUBB	391.40	0.00	0.00	391.40

Vendor# Vendor Name Class Pay Code

C1600 CITIZENS MEDICAL CENTER W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100626		10/01/202	10/06/202	10/06/202			365.00	0.00	0.00	365.00
	PATIENT LAB DRAWS - bill 18									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1600	CITIZENS MEDICAL CENTER	365.00	0.00	0.00	365.00

Vendor# Vendor Name Class Pay Code

13000 CLEARFLY

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV865258		11/04/202	11/01/202	11/01/202			1,254.37	0.00	0.00	1,254.37
	ALLWORX PHONES - 1016 N. Virginia & 815 N. Virginia St.									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13000	CLEARFLY	1,254.37	0.00	0.00	1,254.37

Vendor#	Vendor Name	Class	Pay Code
10212	CLINICAL PATHOLOGY LABS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
17656093026		10/01/202	09/30/202	09/30/202			26,612.91	0.00	0.00	26,612.91
	SEPT INVOICE/ PT LAB DRAWS									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10212	CLINICAL PATHOLOGY LABS	26,612.91	0.00	0.00	26,612.91

Vendor#	Vendor Name	Class	Pay Code
10368	DEWITT POTH & SON		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8538870		11/04/202	10/15/202	11/09/202			376.24	0.00	0.00	376.24
	INK CARTRIDGE (x2)									
8544340		11/04/202	10/16/202	11/10/202			480.00	0.00	0.00	480.00
	ENVELOPES (1)									
8547880		11/04/202	10/21/202	11/15/202			132.95	0.00	0.00	132.95
	PAPER (1)									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	989.19	0.00	0.00	989.19

Vendor#	Vendor Name	Class	Pay Code
11011	DIAMOND HEALTHCARE CORP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN20057080		10/01/202	11/01/202	11/01/202			19,166.67	0.00	0.00	19,166.67
	OCTOBER 2026 CPR									
IN20057079		10/01/202	11/01/202	11/01/202			33,156.96	0.00	0.00	33,156.96
	VAN EXPENSES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11011	DIAMOND HEALTHCARE CORP	52,323.63	0.00	0.00	52,323.63

Vendor#	Vendor Name	Class	Pay Code
17864	DRE RESUME LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
AR0470799		11/04/202	10/27/202	11/04/202			305.00	0.00	0.00	305.00
	OXYGEN SENSOR									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17864	DRE RESUME LLC	305.00	0.00	0.00	305.00

Vendor#	Vendor Name	Class	Pay Code
14508	EITAN GROUP NORTH AMERICA, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN1091820		10/20/202	10/14/202	11/04/202			381.85	0.00	0.00	381.85
	EPIDURAL INFUSION SET									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14508	EITAN GROUP NORTH AMERICA, INC	381.85	0.00	0.00	381.85

Vendor#	Vendor Name	Class	Pay Code
12484	EL CAMPO REFRIGERATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
113971		11/03/202	11/01/202	11/01/202			825.00	0.00	0.00	825.00
	MNTHLY LEASE FOR ICE DISPENSER - OB unit, ICU unit, ER unit									

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

Vendor#	Vendor Name	Class	Pay Code
11284	EMERGENCY STAFFING SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
45975		10/01/202	10/31/202	11/10/202			32,742.50	0.00	0.00	32,742.50
	ER DEPT PHYSICIAN SERVICES (OCT 16 - EOM)									
45994		10/01/202	10/31/202	11/10/202			7,365.00	0.00	0.00	7,365.00
	OCT TRUE UP INVOICE FOR ER PHYS - DR MITCHELL & Dr. Cradeur									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net

	11284	EMERGENCY STAFFING SOLUTIONS				40,107.50	0.00	0.00	40,107.50
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
	1734425		10/13/202	09/29/202	11/15/202		-3,830.45	0.00	0.00	-3,830.45
		LIPID PROFILE CREDIT								
	2109799		11/04/202	10/15/202	11/09/202		378.90	0.00	0.00	378.90
		URINALYSIS CONTROL LEVEL 1 (X5)								
	2170242		11/04/202	10/19/202	11/13/202		413.96	0.00	0.00	413.96
		AMMONIA REAGENT (X4)								
	2170243		11/04/202	10/19/202	11/13/202		4,452.91	0.00	0.00	4,452.91
		LDX CASS LIPID PROFILE (X20) / ENZYME IMMUNOASSAY KIT (1)								
	2202925		11/04/202	10/20/202	11/14/202		336.86	0.00	0.00	336.86
		FINNTIP PIPETTE (X2)								
	2202924		11/04/202	10/20/202	11/14/202		658.11	0.00	0.00	658.11
		BLOOD COLLECTION TUBE (X2) / 4mL BLOOD TUBE / PRINTER LABEL ROLL (X10)								
	2202923		11/04/202	10/20/202	11/14/202		1,048.08	0.00	0.00	1,048.08
		VALPROIC REAGENT (X2)								
	2235911		11/04/202	10/21/202	11/15/202		2,827.47	0.00	0.00	2,827.47
		ISED SMART CARD TEST CARD								
	2267538		11/04/202	10/22/202	11/16/202		3,981.11	0.00	0.00	3,981.11
		REAGENTS - SODIUM / POTASSIUM / TSH								
	2297040		11/04/202	10/23/202	11/17/202		429.76	0.00	0.00	429.76
		CEREBROSPINAL FLUID CONTROL (X4)								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		F1400	FISHER HEALTHCARE				10,696.71	0.00	0.00	10,696.71
Vendor#	Vendor Name			Class	Pay Code					
10599	FORVIS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	3111392		11/04/202	10/30/202	10/30/202		19,148.06	0.00	0.00	19,148.06
		AUDIT SERVICES / COST REPORT PREP 3% admin fee								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		10599	FORVIS				19,148.06	0.00	0.00	19,148.06
Vendor#	Vendor Name			Class	Pay Code					
11183	FRONTIER									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	102326		11/03/202	10/23/202	10/23/202		40.87	0.00	0.00	40.87
		FAX LINES								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		11183	FRONTIER				40.87	0.00	0.00	40.87
Vendor#	Vendor Name			Class	Pay Code					
18460	GOLDEN CRESCENT PAIN MANAGEMEN									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	202610		10/30/202	10/27/202	10/27/202		5,496.40	0.00	0.00	5,496.40
		NON SURGICAL PAIN MNGMT SERVICES (OCT 9/23)								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		18460	GOLDEN CRESCENT PAIN MANAGEMEN				5,496.40	0.00	0.00	5,496.40
Vendor#	Vendor Name			Class	Pay Code					
12948	GREAT AMERICA FINANCIAL SVCS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	43388663		11/04/202	10/30/202	11/10/202		66.53	0.00	0.00	66.53
		IT PRINTER LEASE - Kyocera ECOSYS								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		12948	GREAT AMERICA FINANCIAL SVCS				66.53	0.00	0.00	66.53
Vendor#	Vendor Name			Class	Pay Code					
G0401	GULF COAST DELIVERY									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
103026		11/03/202	10/30/202	10/30/202			100.00	0.00	0.00	100.00
	DETAR LAB REPORT DELIVERY - 10/1 - 10/29									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	G0401	GULF COAST DELIVERY					100.00	0.00	0.00	100.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
310608104		11/04/202	09/30/202	10/25/202			94.33	0.00	0.00	94.33
	DRAW TIGHT SEALS RED(X3) WHITE SEALS (X2)									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10334	HEALTH CARE LOGISTICS INC					94.33	0.00	0.00	94.33

Vendor#	Vendor Name	Class	Pay Code
12380	HEALTH SOLUTIONS DIETETICS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100126		10/01/202	10/01/202	10/01/202			4,250.00	0.00	0.00	4,250.00
	DIETICIAN SERVICES FOR OCTOBER									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12380	HEALTH SOLUTIONS DIETETICS					4,250.00	0.00	0.00	4,250.00

Vendor#	Vendor Name	Class	Pay Code
H1226	HEALTHMARK INDUSTRIES CO INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4790165556		11/04/202	10/21/202	11/04/202			206.13	0.00	0.00	206.13
	BLOOD SOIL TEST PLATE/ ENZYMES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	H1226	HEALTHMARK INDUSTRIES CO INC					206.13	0.00	0.00	206.13

Vendor#	Vendor Name	Class	Pay Code
H0416	HOLOGIC INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
11983636		11/04/202	10/29/202	11/04/202			506.00	0.00	0.00	506.00
	MAMMOPAD(X2)									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	H0416	HOLOGIC INC					506.00	0.00	0.00	506.00

Vendor#	Vendor Name	Class	Pay Code
18388	IMPERIAL DADE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
43530883		11/04/202	10/14/202	11/04/202			389.49	0.00	0.00	389.49
	DISINFECTANT (X12) / FLOOR BUFFER (X4) / WIPES (X6) / RR DISINFECTANT (X12) / DEGREASER (12)									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	18388	IMPERIAL DADE					389.49	0.00	0.00	389.49

Vendor#	Vendor Name	Class	Pay Code
J1400	JOHNSON & JOHNSON		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
948266659		11/04/202	10/20/202	11/04/202			1,067.00	0.00	0.00	1,067.00
	SURGICAL SUTURE ANCHOR									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	J1400	JOHNSON & JOHNSON					1,067.00	0.00	0.00	1,067.00

Vendor#	Vendor Name	Class	Pay Code
K0530	KCI USA	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
34519386		11/04/202	10/15/202	10/20/202			1,521.89	0.00	0.00	1,521.89
	(2) GRANUFOAM DRESSING/ INFOVAC CANISTER W/ GEL PACK (X2)									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	K0530	KCI USA					1,521.89	0.00	0.00	1,521.89

Vendor#	Vendor Name	Class	Pay Code
10972	M G TRUST		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
103026		11/03/202	10/30/202	10/30/202			295.00	0.00	0.00	295.00
	EMPLOYEE RETIREMENT/ ROTH IRA CONTRIBUTION									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10972	M G TRUST					295.00	0.00	0.00	295.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
26316347		10/20/202	10/03/202	10/18/202			970.48	0.00	0.00	970.48
	ABD MONO GROUPING CARD (X2)									
26365419		10/20/202	10/13/202	10/28/202			417.46	0.00	0.00	417.46
	WOUND IRRIGATOR(X2) BLOOD TUBE (1)									
26334723		11/04/202	10/07/202	10/22/202			1,484.91	0.00	0.00	1,484.91
	A1C REAGENT KIT X4									
26353892		11/04/202	10/10/202	10/25/202			133.77	0.00	0.00	133.77
	HEMATYPE SEGMENT DEVICE									
26399374		11/04/202	10/20/202	11/04/202			575.59	0.00	0.00	575.59
	HEMATOLOGY CELL CLEANER/ CRUTCHES(X3)									
26413183		11/04/202	10/22/202	11/06/202			59.95	0.00	0.00	59.95
	CERVICAL COLLAR X6									
26413206		11/04/202	10/22/202	11/06/202			118.01	0.00	0.00	118.01
	DCA VANTAGE ANALYZER									
26436811		11/04/202	10/27/202	11/11/202			1,481.48	0.00	0.00	1,481.48
	DCA REAGENT KIT X4									
26436748		11/04/202	10/27/202	11/11/202			33.44	0.00	0.00	33.44
	CHLORAPREP APPLICATOR									
26448275		11/04/202	10/28/202	11/12/202			118.28	0.00	0.00	118.28
	SKIN STAPLER X3/ PREOP SKIN CLOTH PREP X24									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC					5,393.37	0.00	0.00	5,393.37

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
2449624600		10/20/202	10/13/202	11/07/202			5.29	0.00	0.00	5.29
	HEAT SEAL POUCH									
2449624602		10/20/202	10/13/202	11/07/202			75.70	0.00	0.00	75.70
	INSTRUMENT WIPES									
2449624601		10/20/202	10/13/202	11/07/202			243.88	0.00	0.00	243.88
	COMPRESSION SOCKS X7									
2449987394		10/20/202	10/15/202	11/09/202			34.84	0.00	0.00	34.84
	COMPRESSION SOCKS									
2449906229		11/04/202	10/14/202	11/08/202			3,494.51	0.00	0.00	3,494.51
	ECG STRESS FOAM(X60) ABDOMINAL BINDER (X14)									
2449906227		11/04/202	10/14/202	11/08/202			27,969.47	0.00	0.00	27,969.47
	STREP TEST(X10)/CULTURE SWAB/FLU TEST(X10)/COVID TEST(X10)/BANDAGE(X3									
2449906226		11/04/202	10/14/202	11/08/202			4.05	0.00	0.00	4.05
	CLAVICLE SPLINT									
2449906231		11/04/202	10/14/202	11/08/202			102.50	0.00	0.00	102.50
	SOAP KIT									
2449906230		11/04/202	10/14/202	11/08/202			222.02	0.00	0.00	222.02
	BOWIE DICK TEST PACK (X2)									
2449906223		11/04/202	10/14/202	11/08/202			161.81	0.00	0.00	161.81
	ORTHO-GLASS SPLINT									
2449906222		11/04/202	10/14/202	11/08/202			60.59	0.00	0.00	60.59
	BLOOD PRESSURE CUFF									
2449906225		11/04/202	10/14/202	11/08/202			25.23	0.00	0.00	25.23

	HIP PILLOW						
2449906220		11/04/202	10/14/202	11/08/202	505.24	0.00	0.00	505.24
	BABY WIPES/ BOOT COVER/ SYRINGE/ SUTURE TRAY/ DIAPERS						
2449906219		11/04/202	10/14/202	11/08/202	45.76	0.00	0.00	45.76
	FELT LESION PAD						
2449906224		11/04/202	10/14/202	11/08/202	4.05	0.00	0.00	4.05
	CLAVICLE SPLINT						
2450831669		11/04/202	10/20/202	11/14/202	47.46	0.00	0.00	47.46
	BENDABLE ARMBOARD (X2)						
2450831667		11/04/202	10/20/202	11/14/202	9.13	0.00	0.00	9.13
	WRIST SPLINT						
2450945438		11/04/202	10/21/202	11/15/202	5,431.53	0.00	0.00	5,431.53
	AB BINDER/ HIP PILLOW/ GLOVES/ GREEN EMISES BAG(X2)/ CATHETER/ SPLINT/ NEEDLE/ PROBE COVER						
2450945434		11/04/202	10/21/202	11/15/202	226.78	0.00	0.00	226.78
	CHLORAPREP STERILE SOLUTIC						
2450945435		11/04/202	10/21/202	11/15/202	32.69	0.00	0.00	32.69
	STERILE SHEETS/DRAPES						
2450945433		11/04/202	10/21/202	11/15/202	88.90	0.00	0.00	88.90
	HOSPITAL GOWN						
2450945432		11/04/202	10/21/202	11/15/202	344.57	0.00	0.00	344.57
	KNEE SPLINT/ LIQUID ADHESIVE/ PAPER CHART/ LIQUID ADHESIVE						
2450945436		11/04/202	10/21/202	11/15/202	1,845.11	0.00	0.00	1,845.11
	TOURNIQUET/ CAVI WIPES/ PROBE COVER (X22)/ COTTON APPLICATOR (X6)						

Vendor Totals:	Number	Name (X7)	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	40,981.11	0.00	0.00	40,981.11

Vendor# 10182 Vendor Name: MERCEDES SCIENTIFIC Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5391501		11/04/202	10/21/202	11/15/202			88.90	0.00	0.00	88.90
	BLUING TABLETS (X4)									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10182	MERCEDES SCIENTIFIC	88.90	0.00	0.00	88.90

Vendor# M2621 Vendor Name: MMC AUXILIARY GIFT SHOP Class: W Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
110326		11/01/202	11/03/202	11/03/202			210.01	0.00	0.00	210.01
	MMC GIFT SHOP PAYROLL DEDU									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP	210.01	0.00	0.00	210.01

Vendor# 18356 Vendor Name: MSTS RECEIVABLES LLC Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
F2BF7337		10/30/202	10/19/202	10/19/202			69.42	0.00	0.00	69.42
	GLOVES/SCREW DRIVER/ DOLLY									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	18356	MSTS RECEIVABLES LLC	69.42	0.00	0.00	69.42

Vendor# 13548 Vendor Name: NACOGDOCHES TRANSCRIPTION Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9156		10/30/202	10/26/202	11/05/202			51.66	0.00	0.00	51.66
	TRANSCRIPTION SERVICES 10/10, 10/13, 10/14, 10/19, 10/22, 10/23									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13548	NACOGDOCHES TRANSCRIPTION	51.66	0.00	0.00	51.66

Vendor# 13624 Vendor Name: NEXION HEALTH AT NAVASOTA INC Class: Pay Code:

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

103126		10/01/202	10/31/202	10/31/202		1,000.00	0.00	0.00	1,000.00
TELEMED REIMBURSMENT OCT 2026									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13624	NEXION HEALTH AT NAVASOTA INC	1,000.00	0.00	0.00	1,000.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4678		11/03/202	10/10/202	11/01/202			300.00	0.00	0.00	300.00
	VENTHOOD MOTOR AND PULLY - installation									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12708	POC ELECTRIC, LLC	300.00	0.00	0.00	300.00

Vendor#	Vendor Name	Class	Pay Code
O1416	QUIDELORTHO SALES COMPANY LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9100671415		11/04/202	10/14/202	11/13/202			221.50	0.00	0.00	221.50
	PIPET TIPS									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	O1416	QUIDELORTHO SALES COMPANY LLC	221.50	0.00	0.00	221.50

Vendor#	Vendor Name	Class	Pay Code
11251	RAPID PRINTING LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10058259		11/05/202	11/04/202	11/18/202			171.00	0.00	0.00	171.00
	HR BUSINESS CARDS (X3)									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11251	RAPID PRINTING LLC	171.00	0.00	0.00	171.00

Vendor#	Vendor Name	Class	Pay Code
18488	RELEVANTTEC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
12623		11/04/202	11/03/202	11/18/202			2,600.00	0.00	0.00	2,600.00
	NETWORK CONSULTING/ CABLE Routing									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	18488	RELEVANTTEC	2,600.00	0.00	0.00	2,600.00

Vendor#	Vendor Name	Class	Pay Code
S1001	SANOFI VACCINES US INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7146731124		11/03/202	10/29/202	10/29/202			4,808.79	0.00	0.00	4,808.79
	FLU VACCINE (X7)									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S1001	SANOFI VACCINES US INC	4,808.79	0.00	0.00	4,808.79

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
116988667		11/04/202	10/16/202	11/10/202			2,617.41	0.00	0.00	2,617.41
	SYMBIA EVO EXCEL 101626-1115 2026 815 N. Virginia St.									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S2001	SIEMENS MEDICAL SOLUTIONS INC	2,617.41	0.00	0.00	2,617.41

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
985830238		10/20/202	10/14/202	11/04/202			747.90	0.00	0.00	747.90
	SURGICAL WAND COBLATOR (X2)									
985843857		11/04/202	10/19/202	11/04/202			6,650.00	0.00	0.00	6,650.00
	ORTHOPEDIC JOINT REPLACEMENT SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S2362	SMITH & NEPHEW, INC.	7,397.90	0.00	0.00	7,397.90

Vendor#	Vendor Name	Class	Pay Code

12288 SPBS CLINICAL EQUIPMENT SRVC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV050001126		11/01/202	11/01/202	11/02/202			10,230.40	0.00	0.00	10,230.40
	BIOMED SERVICE ~~OCT~~ CONTRACT - NOV.									

Vendor Totals:

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

Vendor# T2539 Vendor Name T-SYSTEM, INC Class W Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2038406		10/01/202	08/31/202	09/30/202			6,276.42	0.00	0.00	6,276.42
	AUG EV PHYS/NURSE TRACKING 8/1/26-8/30/26									
2039587		10/01/202	09/30/202	10/30/202			6,276.42	0.00	0.00	6,276.42
	EV PHYSICIAN/NURSE TRACKING 9/1-9/7									
2039831		10/01/202	10/08/202	11/07/202			6,817.25	0.00	0.00	6,817.25
	EVOLVED EDIS-MONTHLY FEE OCTOBER									

Vendor Totals:

Number	Name	Gross	Discount	No-Pay	Net
T2539	T-SYSTEM, INC	19,370.09	0.00	0.00	19,370.09

Vendor# T1825 Vendor Name TEXAS DEPARTMENT OF HEALTH Class W Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2026005277		11/03/202	11/03/202	11/03/202			57.00	0.00	0.00	57.00
	CAFETERIA ASBESTOS DEMOLITION									

Vendor Totals:

Number	Name	Gross	Discount	No-Pay	Net
T1825	TEXAS DEPARTMENT OF HEALTH	57.00	0.00	0.00	57.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1008628416		10/01/202	11/02/202	11/02/202			5,213.00	0.00	0.00	5,213.00
	WORKERS COMP INSURANCE 10/1 - 11/1									

Vendor Totals:

Number	Name	Gross	Discount	No-Pay	Net
T2204	TEXAS MUTUAL INSURANCE CO	5,213.00	0.00	0.00	5,213.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0255600		10/30/202	11/01/202	11/01/202			1,673.75	0.00	0.00	1,673.75
	PAPER SHRED SERVICES FOR OCTOBER									

Vendor Totals:

Number	Name	Gross	Discount	No-Pay	Net
B1941	THE BACK OFFICE	1,673.75	0.00	0.00	1,673.75

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
103126		11/03/202	10/31/202	10/31/202			15.66	0.00	0.00	15.66
	OIL ABSORBENT (X2)									

Vendor Totals:

Number	Name	Gross	Discount	No-Pay	Net
15396	THIRD COAST DISTRIBUTING LLC	15.66	0.00	0.00	15.66

Vendor# 14564 Vendor Name TRANSCAT INC Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
11887231		11/04/202	09/14/202	11/04/202			1,580.00	0.00	0.00	1,580.00
	ANNUAL BIOMED CALIBRATION									

Vendor Totals:

Number	Name	Gross	Discount	No-Pay	Net
14564	TRANSCAT INC	1,580.00	0.00	0.00	1,580.00

Vendor# 14064 Vendor Name TREVIPAY- WALMART Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7154F584		11/03/202	10/12/202	10/12/202			18.00	0.00	0.00	18.00

FLAT TIRE REPAIR

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14064	TREVIPAY- WALMART	18.00	0.00	0.00	18.00

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
INV1797379390		10/01/202	10/23/202	10/23/202			2,863.50	0.00	0.00	2,863.50
	LAB TRAVEL TECH 10/11, 10/12, 10/13, 10/14, 10/15, 10/16, 10/17 - katrina Johnson									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14372	TRIAGE, LLC	2,863.50	0.00	0.00	2,863.50

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
2921100404		10/28/202	10/22/202	11/15/202			484.50	0.00	0.00	484.50
	SUPPLIES/LINENS FOR PT									
2921099797		10/30/202	10/15/202	11/09/202			65.45	0.00	0.00	65.45
	UNIFORMS FOR PLANT OPS									
2921099813		10/30/202	10/15/202	11/09/202			849.61	0.00	0.00	849.61
	SUPPLIES/LINENS FOR EVS									
2921100013		10/30/202	10/19/202	11/13/202			104.81	0.00	0.00	104.81
	UNIFORMS FOR HOUSKEEPING									
2921100332		10/30/202	10/22/202	11/16/202			866.67	0.00	0.00	866.67
	SUPPLIES/LINENS FOR EVS									
2921100320		10/30/202	10/22/202	11/16/202			301.11	0.00	0.00	301.11
	UNIFORMS FOR PLANT OPS									
2921099791		11/01/202	10/15/202	11/09/202			7,872.34	0.00	0.00	7,872.34
	SUPPLIES/LINENS FOR MEDSUR									
2921100005		11/01/202	10/19/202	11/13/202			6,043.17	0.00	0.00	6,043.17
	SUPPLIES/LINENS FOR MEDSUR									
2921100403		11/01/202	10/22/202	11/16/202			8,088.83	0.00	0.00	8,088.83
	SUPPLIES/LINENS FOR MEDSUR									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	24,676.49	0.00	0.00	24,676.49

Vendor#	Vendor Name	Class	Pay Code
11280	VICTORIA ADVOCATE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0372155		10/01/202	10/01/202	10/31/202			28.00	0.00	0.00	28.00
	NEWSPAPER DELIVERY									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11280	VICTORIA ADVOCATE	28.00	0.00	0.00	28.00

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
9112357074		10/20/202	10/14/202	11/08/202			9,376.74	0.00	0.00	9,376.74
	HEMOSIL D-DIMER X9									
9112358400		11/04/202	10/15/202	11/09/202			1,571.67	0.00	0.00	1,571.67

Contract billing - 10/2024

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	10,948.41	0.00	0.00	10,948.41

Vendor#	Vendor Name	Class	Pay Code
Y1000	YOUNG PLUMBING CO	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
QB6850		10/30/202	10/21/202	10/21/202			19.95	0.00	0.00	19.95
	SPUD GASKET PARTS									
QB6858		10/30/202	10/29/202	10/29/202			19.95	0.00	0.00	19.95
	SPUD GASKET									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	Y1000	YOUNG PLUMBING CO	39.90	0.00	0.00	39.90

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
23051		11/04/202	11/01/202	11/01/202			1,000.00	0.00	0.00	1,000.00
	ALLWORX PHONES AGREEMENT - monthly service 11/1/2026									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17880	YOUR PHONE GUYS LLC	1,000.00	0.00	0.00	1,000.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9006852720		11/04/202	10/19/202	10/20/202			2,205.00	0.00	0.00	2,205.00
	ROTATOR CUFF ANCHOR X5									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	Z1005	ZIMMER US, INC.	2,205.00	0.00	0.00	2,205.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	375,250.27	0.00	0.00	375,250.27

APPROVED ON
NOV 05 2026
BY COUNTY AUDITOR
CATHY TYLER, TEXAS

Chk#214709-214782

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	214709	11/10/26	2,149.99	ACE HARDWARE 15521
A/P	214710	11/10/26	3,009.94	ADVANCED STERILIZATION PRODUCT
A/P	214711	11/10/26	668.28	AIRGAS USA, LLC - CENTRAL DIV
A/P	214712	11/10/26	1,039.75	ALTEX ELECTRONICS LTD
A/P	214713	11/10/26	1,254.61	AMAZON CAPITAL SERVICES
A/P	214714	11/10/26	750.00	AMERITEX ELEVATOR TEXAS LLC
A/P	214715	11/10/26	1,915.00	ARTHREX, INC
A/P	214716	11/10/26	4,500.00	AVENO NETWORKS
A/P	214717	11/10/26	3,482.79	BAXTER HEALTHCARE
A/P	214718	11/10/26	2,820.00	BAY STORAGE
A/P	214719	11/10/26	5,027.03	BECKMAN COULTER INC
A/P	214720	11/10/26	182.25	BRIGGS HEALTHCARE
A/P	214721	11/10/26	10.63	CALHOUN CO INDIGENT ACCT
A/P	214722	11/10/26	32,683.65	CALHOUN COUNTY
A/P	214723	11/10/26	264.40	CARESFIELD
A/P	214724	11/10/26	77.42	CENTRAL DRUG
A/P	214725	11/10/26	2,150.00	CERVEY, LLC
A/P	214726	11/10/26	391.40	CHUBB
A/P	214727	11/10/26	365.00	CITIZENS MEDICAL CENTER
A/P	214728	11/10/26	1,254.37	CLEARFLY
A/P	214729	11/10/26	26,612.91	CLINICAL PATHOLOGY LABS
A/P	214730	11/10/26	989.19	DEWITT POTH & SON
A/P	214731	11/10/26	52,323.63	DIAMOND HEALTHCARE CORP
A/P	214732	11/10/26	305.00	DRE RESUME LLC
A/P	214733	11/10/26	381.85	EITAN GROUP NORTH AMERICA, INC
A/P	214734	11/10/26	825.00	EL CAMPO REFRIGERATION
A/P	214735	11/10/26	40,107.50	EMERGENCY STAFFING SOLUTIONS
A/P	214736	11/10/26	.00	VOIDED
A/P	214737	11/10/26	10,696.71	FISHER HEALTHCARE
A/P	214738	11/10/26	19,148.06	FORVIS
A/P	214739	11/10/26	40.87	FRONTIER
A/P	214740	11/10/26	5,496.40	GOLDEN CRESCENT PAIN MANAGEMEN
A/P	214741	11/10/26	66.53	GREAT AMERICA FINANCIAL SVCS
A/P	214742	11/10/26	100.00	GULF COAST DELIVERY
A/P	214743	11/10/26	94.33	HEALTH CARE LOGISTICS INC
A/P	214744	11/10/26	4,250.00	HEALTH SOLUTIONS DIETETICS
A/P	214745	11/10/26	206.13	HEALTHMARK INDUSTRIES CO INC
A/P	214746	11/10/26	506.00	HOLOGIC INC
A/P	214747	11/10/26	389.49	IMPERIAL DADE
A/P	214748	11/10/26	1,067.00	JOHNSON & JOHNSON
A/P	214749	11/10/26	1,521.89	KCI USA
A/P	214750	11/10/26	295.00	M G TRUST
A/P	214751	11/10/26	.00	VOIDED
A/P	214752	11/10/26	5,393.37	MCKESSON MEDICAL SURGICAL INC
A/P	214753	11/10/26	.00	VOIDED
A/P	214754	11/10/26	.00	VOIDED
A/P	214755	11/10/26	40,981.11	MEDLINE INDUSTRIES INC
A/P	214756	11/10/26	88.90	MERCEDES SCIENTIFIC
A/P	214757	11/10/26	210.01	MMC AUXILIARY GIFT SHOP
A/P	214758	11/10/26	69.42	MSTS RECEIVABLES LLC

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	214759	11/10/26	51.66	NACOGDOCHES TRANSCRIPTION
A/P	214760	11/10/26	1,000.00	NEXION HEALTH AT NAVASOTA INC
A/P	214761	11/10/26	300.00	POC ELECTRIC, LLC
A/P	214762	11/10/26	221.50	QUIDELORTHO SALES COMPANY LLC
A/P	214763	11/10/26	171.00	RAPID PRINTING LLC
A/P	214764	11/10/26	2,600.00	RELEVANTTEC
A/P	214765	11/10/26	4,808.79	SANOFI VACCINES US INC
A/P	214766	11/10/26	2,617.41	SIEMENS MEDICAL SOLUTIONS INC
A/P	214767	11/10/26	7,397.90	SMITH & NEPHEW, INC.
A/P	214768	11/10/26	10,230.40	SPBS CLINICAL EQUIPMENT SRVC
A/P	214769	11/10/26	19,370.09	T-SYSTEM, INC
A/P	214770	11/10/26	57.00	TEXAS DEPARTMENT OF HEALTH
A/P	214771	11/10/26	5,213.00	TEXAS MUTUAL INSURANCE CO
A/P	214772	11/10/26	1,673.75	THE BACK OFFICE
A/P	214773	11/10/26	15.66	THIRD COAST DISTRIBUTING LLC
A/P	214774	11/10/26	1,580.00	TRANSCAT INC
A/P	214775	11/10/26	18.00	TREVIPAY- WALMART
A/P	214776	11/10/26	2,863.50	TRIAGE, LLC
A/P	214777	11/10/26	24,676.49	UNIFIRST HOLDINGS INC
A/P	214778	11/10/26	28.00	VICTORIA ADVOCATE
A/P	214779	11/10/26	10,948.41	WERFEN USA LLC
A/P	214780	11/10/26	39.90	YOUNG PLUMBING CO
A/P	214781	11/10/26	1,000.00	YOUR PHONE GUYS LLC
A/P	214782	11/10/26	2,205.00	ZIMMER US, INC.
A/P	214783	11/10/26	94,981.33	GOLDENCREEK HEALTHCARE
A/P	214784	11/10/26	29,439.50	LAVACA BAY NURSING AND REHAB
A/P	214785	11/10/26	102,882.22	TUSCANY VILLAGE
TOTALS:			602,553.32	

375,250.21 +
29,439.50 +
94,981.33 +
102,882.22 +
602,553.32 =

Morris & Dickson Invoices

Invoice Date	Due Date	Invoice Number	Amount
10/30/2026	11/10/2026	5533727	135.49
10/30/2026	11/10/2026	5533001	836.08
10/30/2026	11/10/2026	5533143	3,383.93
11/1/2026	11/25/2026	5538608	292.30
11/1/2026	11/25/2026	5538609	10,919.40
11/1/2026	11/25/2026	5538611	2,339.39
11/1/2026	11/25/2026	5538610	739.62
11/2/2026	11/25/2026	5541134	106.15
11/2/2026	11/25/2026	5543888	41.40
11/2/2026	11/25/2026	5543887	211.13
11/2/2026	11/25/2026	5541133	224.85
11/3/2026	11/25/2026	5550167	465.87
11/3/2026	11/25/2026	5550166	2,081.48
11/4/2026	11/25/2026	5556658	455.55
11/4/2026	11/25/2026	5556660	837.55
11/4/2026	11/25/2026	5556659	193.31
11/4/2026	11/25/2026	5556661	148.47
11/4/2026	11/25/2026	5555459	96.39
11/4/2026	11/25/2026	5555460	329.41
11/5/2026	11/25/2026	5563528	18.44
11/5/2026	11/25/2026	5563529	314.06
			24,170.27

Caitlin Clevenger - Controller

APPROVED ON

NOV 09 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

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

STATEMENT

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 11/06/2026 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 11/07/2026

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

As of: 11/06/2026 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 11/07/2026 **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: 8,714.59 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 11/10/2026,
Pay This Amount: 8,540.29 USD

If Paid After 11/10/2026,
Pay this Amount: 8,714.59 USD

Due If Paid On Time:
USD 8,540.29

Disc lost if paid late:
174.30

Due If Paid Late:
USD 8,714.59

APPROVED ON
NOV 09 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

8,307.74
232.55
8,540.29

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: 11/06/2026

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 11/07/2026

Page: 001

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

As of: 11/06/2026 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 11/07/2026

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342		**WALMART 1098/MEM MED PHS**									
10/31/2026	11/10/2026	7667003143	293375967	115Invoice	7.44	372.09		364.65		7667003143	✓
10/31/2026	11/10/2026	7667003144	298553912	115Invoice	0.02	1.02		1.00		7667003144	✓
11/02/2026	11/10/2026	7667247787	303644796	115Invoice	1.43	71.42		69.99		7667247787	✓
11/03/2026	11/10/2026	7667515798	301374841	115Invoice		0.08		0.08		7667515798	✓
11/03/2026	11/10/2026	7667515799	297714260	115Invoice	0.02	0.95		0.93		7667515799	✓
11/03/2026	11/10/2026	7667515900	303764799	115Invoice	2.13	106.61		104.48		7667515900	✓
11/04/2026	11/10/2026	7667792361	297643707	115Invoice	28.38	1,419.14		1,390.76		7667792361	✓
11/04/2026	11/10/2026	7667792362	293550790	115Invoice	0.01	0.32		0.31		7667792362	✓
11/04/2026	11/10/2026	7667792363	294802814	115Invoice	0.01	0.63		0.62		7667792363	✓
11/04/2026	11/10/2026	7667792364	302986888	115Invoice	5.66	282.79		277.13		7667792364	✓
11/04/2026	11/10/2026	7667792365	303950790	115Invoice	0.02	0.95		0.93		7667792365	✓
11/05/2026	11/10/2026	7668104372	293550790	115Invoice	7.44	372.09		364.65		7668104372	✓
11/05/2026	11/10/2026	7668104376	297336604	115Invoice	2.55	127.41		124.86		7668104376	
11/05/2026	11/10/2026	7668104381	300851806	115Invoice	2.55	127.41		124.86		7668104381	✓
11/05/2026	11/10/2026	7668104386	304123749	115Invoice	2.37	118.66		116.29		7668104386	✓
11/05/2026	11/10/2026	7668104391	298237930	115Invoice	0.01	0.32		0.31		7668104391	✓
11/05/2026	11/10/2026	7668104394	298766506	115Invoice	0.01	0.32		0.31		7668104394	✓
11/05/2026	11/10/2026	7668104398	299157852	115Invoice	0.01	0.32		0.31		7668104398	✓
11/06/2026	11/10/2026	7668408217	304277956	115Invoice	25.64	1,281.94		1,256.30		7668408217	✓
11/06/2026	11/10/2026	7668408218	304277956	115Invoice	62.06	3,102.93		3,040.87		7668408218	
11/06/2026	11/10/2026	7668408219	304277956	115Invoice	1.95	97.62		95.67		7668408219	✓
11/06/2026	11/10/2026	7668408220	304277956	115Invoice	1.48	74.03		72.55		7668408220	✓
11/06/2026	11/10/2026	7668408221	304277956	115Invoice	4.51	225.27		220.76		7668408221	✓
11/06/2026	11/10/2026	7668408222	304277956	115Invoice	2.55	127.41		124.86		7668408222	✓
11/06/2026	11/10/2026	7668408223	302986888	115Invoice	11.31	565.57		554.26		7668408223	✓

For AR Inquiries please contact 800-867-0333

APPROVED ON
NOV 09 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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: 11/06/2026 Page: 002

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 11/07/2026

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

As of: 11/06/2026 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 11/07/2026 **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: 8,477.30 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 30,531.92
11/02/2026

If Paid By 11/10/2026,
Pay This Amount: 8,307.74 USD

If Paid After 11/10/2026,
Pay this Amount: 8,477.30 USD

Due If Paid On Time:
USD 8,307.74

Disc lost if paid late:
169.56

Due If Paid Late:
USD 8,477.30

APPROVED ON
NOV 09 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: 11/06/2026 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 820405
Date: 11/07/2026

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

As of: 11/06/2026 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 **PLEASE CHECK ANY**
Date: 11/07/2026 **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											
11/02/2026	11/10/2026	7667018433	B2610-055-584311	115Invoice	3.30	165.10		161.80		7667018433	✓
11/05/2026	11/10/2026	7667863250	B2611-055-593101	115Invoice	1.44	72.19		70.75		7667863250	✓

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: 237.29 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 30,531.92
11/02/2026

If Paid By 11/10/2026,
Pay This Amount: 232.55 USD

If Paid After 11/10/2026,
Pay this Amount: 237.29 USD

Due If Paid On Time:
USD 232.55

Disc lost if paid late:
4.74

Due If Paid Late:
USD 237.29

APPROVED ON
NOV 09 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

< >
For AR Inquiries please contact 800-867-0333

cencora

STATEMENT

Statement Number: 73247576
Date: 11-06-2026

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:	829.74
Past Due:	0.00
Total Due:	829.74
Account Balance:	829.74

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
11-02-2026	11-13-2026	3268759400	7012882540	Invoice	261.68		0.00	261.68
11-04-2026	11-13-2026	3269131443	7012897831	Invoice	261.60		0.00	261.60
11-06-2026	11-13-2026	3269416506	7012909726	Invoice	306.46		0.00	306.46

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
829.74	0.00	0.00	0.00	0.00	0.00	0.00

Reminders

Due Date	Amount
11-13-2026	829.74
Total Due:	829.74

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NOV 09 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

Processing Number: 0000007906596692 Document Type: Customer Statement 20261107023219

cencora

STATEMENT

Statement Number: 73233282
Date: 11-06-2026

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

DEA: RA0289276
866-451-9655

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

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

Customer Number
100135284 / 037028186

Terms
Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	312.43
Past Due:	0.00
Total Due:	312.43
Account Balance:	312.43

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
11-02-2026	11-13-2026	3268779717	7012867788	Invoice	3.73		0.00	3.73
11-02-2026	11-13-2026	3268779718	7012881482	Invoice	2.52		0.00	2.52
11-03-2026	11-13-2026	3268949524	7012887089	Invoice	20.68		0.00	20.68
11-05-2026	11-13-2026	3269229818	7012897846	Invoice	281.13		0.00	281.13
11-06-2026	11-13-2026	3269381430	7012904441	Invoice	4.37		0.00	4.37

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
312.43	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
11-06-2026	(1,819.64)

Reminders

Due Date	Amount
11-13-2026	312.43
Total Due:	312.43

APPROVED ON
NOV 09 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.

EHINO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	EVGID	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PRVID
6623	76351	1	1	0	2025	281001330	0	10/13/2025	$24,758.42	1	TRUESCRIPTS MANAGEMENT SERVICE LLC	P	517	0	[redacted]		PCS	F	9/22/2025	10/5/2025	464334244
6624	76351	3	35	0	2025	279001173	0	10/13/2025	$1,199.16	1	THE PHIA GROUP, LLC	P	846	0			INVC	F	4/12/2025	4/12/2025	43504115
6625	76360	2	87	0	2025	279000813	0	10/13/2025	$64.10	1	PORT LAVACA CLINIC	P	172	0			AB	F	10/1/2025	10/1/2025	742605670
6627	76360	2	11	0	2025	276001071	0	10/13/2025	$148.20	1	JACKSON MEDICAL CLINIC EDNA	P	172	0			AB	F	9/25/2025	9/25/2025	741738475
6632	76360	3	91	1	2025	276001027	0	10/13/2025	$33.46	1	UT PHYSICIANS	P	180	0			XRDR	F	3/20/2025	3/20/2025	760459500
6635	76360	3	21	0	2025	274000514	0	10/13/2025	$58.14	1	MELISSA A. KAINER ERWIN, MD PA	P	457	0			OVS	F	9/29/2025	9/29/2025	200802489
6639	76360	3	94	0	2025	276001063	0	10/13/2025	$59.94	1	ADU SPORTS MEDICINE CLINIC	P	177	0			OV	F	10/1/2025	10/1/2025	273335355
6642	76360	3	120	3	2025	276001056	0	10/13/2025	$86.32	1	HEADWAY COLORADO BEHAVIORAL HEALTH SERVI	P	728	0			TELM	F	9/29/2025	9/29/2025	861747274
6646	76360	3	51	1	2025	275000460	0	10/13/2025	$149.26	1	ESS OF PORT LAVACA LLC	P	189	0			ERD	F	8/27/2025	8/27/2025	815248556
6647	76360	3	26	0	2025	275000491	0	10/13/2025	$149.26	1	ESS OF PORT LAVACA LLC	P	189	0			ERD	F	7/28/2025	7/28/2025	815248556
6652	76360	3	33	0	2025	279000264	0	10/13/2025	$684.60	1	THE PHIA GROUP, LLC	P	846	0			INVC	F	12/31/2024	12/31/2024	43504115
6654	76360	3	33	0	2025	279000131	0	10/13/2025	$1,379.36	1	US ANES PARTNERS OF TX PA	P	405	0			AOQ	F	12/31/2024	12/31/2024	760482007
6656	76360	3	94	3	2025	283001872	0	10/13/2025	$3,042.92	1	DETAR HEALTHCARE SYSTEM	P	418	0			RB	F	8/28/2025	8/31/2025	621754940
6658	76360	999	35	0	2025	279001185	0	10/13/2025	$6.07	1	CIGNA HEALTH AND LIFE INSURANCE COMPANY	P	846	0			NVC	F	9/5/2025	9/5/2025	591031071
6659	76360	999	35	0	2025	279001186	0	10/13/2025	$1,969.80	1	CIGNA HEALTH AND LIFE INSURANCE COMPANY	P	846	0			NVC	F	8/15/2025	8/15/2025	591031071
6660	76370	3	44	0	2025	279000809	0	10/13/2025	$141.83	1	AMIRALI S POPATIA MD	P	457	0			OVS	F	9/11/2025	9/11/2025	760599320
									$33,930.84												

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NOV 09

BY COUNTY AUDITOR
CALHOUN CO., TX, TEXAS

CHKNO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	PAYTO	CVECD	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PAYNO
10221	76351	1	1	0	2026	307001227	0	11/6/2026	$668.57	1	CIGNA HEALTH AND LIFE INSURANCE COMPANY	P	846	0	[redacted]		INVC	F	11/1/2026	11/30/2026	591031071
10222	76351	2	97	4	2026	296001159	0	11/6/2026	$36.85	1	PHSYICIAN MANAGEMENT SERVICES OF TEXAS	P	172	0			AB	F	10/20/2026	10/20/2026	842167725
10223	76351	2	97	2	2026	296001162	0	11/6/2026	$36.85	1	PHSYICIAN MANAGEMENT SERVICES OF TEXAS	P	172	0			AB	F	10/20/2026	10/20/2026	842167725
10225	76351	2	97	0	2026	308000111	0	11/6/2026	$87.60	1	ALMA COMMUNITY NETWORK	P	728	0			TELM	F	9/17/2026	9/17/2026	841856765
10229	76351	3	10	0	2026	307000017	0	11/6/2026	$7.00	1	CIGNA HEALTH AND LIFE INSURANCE COMPANY	P	846	0			INVC	F	10/5/2026	10/5/2026	591031071
10230	76351	3	10	0	2026	299001047	0	11/6/2026	$20.00	1	METHODIST PATHOLOGY ASSOCIATES	P	185	0			LAB	F	10/5/2026	10/5/2026	371520288
10232	76351	3	65	2	2026	299001062	0	11/6/2026	$27.00	1	TORRES ENRIQUE	P	360	0			POV	F	10/21/2026	10/21/2026	61467981
10235	76351	3	27	0	2026	286001191	0	11/6/2026	$57.98	1	MICHELLE CUMMINS MD	P	484	0			ODXS	F	9/17/2026	9/17/2026	742951453
10237	76351	3	10	0	2026	306001362	0	11/6/2026	$63.55	1	CIGNA HEALTH AND LIFE INSURANCE COMPANY	P	846	0			INVC	F	10/5/2026	10/5/2026	591031071
10238	76351	3	65	2	2026	299001080	0	11/6/2026	$65.89	1	GUELVALDIVIA VERONICA	P	360	0			POV	F	10/20/2026	10/20/2026	742640162
10256	76351	3	55	0	2026	299001064	0	11/6/2026	$112.44	1	REGIONAL EMPLOYEE ASSISTANCE PROGRAM	P	360	0			POV	F	10/19/2026	10/19/2026	760423386
10264	76351	3	69	1	2026	278000722	0	11/6/2026	$226.41	1	ESS OF PORT LAVACA LLC	P	189	0			ERD	F	9/15/2026	9/15/2026	815248556
10278	76360	2	55	0	2026	296001072	0	11/6/2026	$247.81	1	SINGLETON ASSOCIATES PA	P	172	0			AB	F	10/8/2026	10/8/2026	741680498
10281	76360	3	74	0	2026	294001370	0	11/6/2026	$49.94	1	ADU SPORTS MEDICINE CLINIC	P	457	0			OVS	F	10/19/2026	10/19/2026	273335355
10282	76360	3	74	2	2026	294001439	0	11/6/2026	$49.94	1	ADU SPORTS MEDICINE CLINIC	P	457	0			OVS	F	10/19/2026	10/19/2026	273335355
10283	76360	3	10	0	2026	281000128	0	11/6/2026	$51.78	1	ESS OF PORT LAVACA LLC	P	189	0			ERD	F	9/12/2026	9/12/2026	815248556
10287	76360	3	32	1	2026	302000114	0	11/6/2026	$69.77	1	UNIVERSAL SURGICAL ASSITANTS	P	424	0			TI	F	8/11/2026	8/11/2026	275546341
10297	76360	3	138	2	2026	294001422	0	11/6/2026	$122.00	1	COUNSELING4LIFE LLC	P	360	0			POV	F	10/16/2026	10/16/2026	455131564
10298	76360	3	48	2	2026	299001055	0	11/6/2026	$123.49	1	VICTORIA WOMENS CLINIC	P	177	0			OV	F	10/19/2026	10/19/2026	741831291
10299	76360	3	63	0	2026	294001447	0	11/6/2026	$125.57	1	SINGLETON ASSOCIATES PA	P	189	0			ERD	F	10/9/2026	10/9/2026	741680498
10301	76360	3	10	0	2026	280000228	0	11/6/2026	$149.26	1	ESS OF PORT LAVACA LLC	P	189	0			ERD	F	9/8/2026	9/8/2026	815248556
10303	76360	3	159	0	2026	299001110	0	11/6/2026	$191.69	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	177	0			OV	F	10/14/2026	10/14/2026	741831291
10307	76360	3	102	0	2026	299001093	0	11/6/2026	$247.81	1	SINGLETON ASSOCIATES PA	P	172	0			AB	F	10/9/2026	10/9/2026	741680498
10311	76360	3	26	0	2026	279000945	0	11/6/2026	$616.14	1	WILLIAM J CROWLEY	P	178	0			SO	F	6/16/2026	6/16/2026	515764512
10312	76360	3	54	0	2026	304000022	0	11/6/2026	$735.05	1	THE PHIA GROUP, LLC	P	846	0			INVC	F	10/2/2026	10/2/2026	43504115
10319	76370	3	44	0	2026	306001370	0	11/6/2026	$32.64	1	CIGNA HEALTH AND LIFE INSURANCE COMPANY	P	846	0			INVC	F	10/16/2026	10/16/2026	591031071
10320	76370	3	52	0	2026	302000766	0	11/6/2026	$59.68	1	CLINICAL PATHOLOGY LABORATORIES INC	P	172	0			AB	F	8/31/2026	8/31/2026	742554159
10321	76370	3	44	0	2026	300000143	0	11/6/2026	$93.25	1	HOUSTON METHODIST SPECIALTY PHYSICIANS	P	313	0			CH	F	10/16/2026	10/16/2026	332241086
10325	76370	3	31	0	2026	287000802	0	11/6/2026	$355.28	1	RICHARD ARROYO-DIAZ	P	178	0			SO	F	8/5/2026	8/5/2026	583137003
									$4,731.24												

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NOV 09 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

APPROVED ON
NOV 09 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Nov 2, 2026 - Nov 8, 2026

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #	GL number
11/2/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#193760080 193543561	- 3rd Party Payor Fee	180.87	902817	40440076
11/3/2026	AUTHNET GATEWAY - BILLING 151747865	- 3rd Party Payor Fee	25.00	902818	40440076
11/3/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#194393175 194152295	- 3rd Party Payor Fee	90.53	902819	40440076
11/3/2026	MCKESSON DRUG - AUTO ACH ACH07327799	- 340B Drug Program Expense	30,531.92	902820	60310000
11/3/2026	LOYALE LLC TRUBRIDGE9828 - RIDGE9828I 8704	- Credit Card Processing Fee online pym	1,192.48	902821	40440076
11/3/2026	MERCHANT BANKCD - INTERCHNG 971160913887	- Credit Card Processing Fee	52.54	902822	40440060
11/3/2026	MERCHANT BANKCD - FEE 971160913887	- Credit Card Processing Fee	102.28	902823	40440060
11/3/2026	MERCHANT BANKCD - DISCOUNT 971160913887	- Credit Card Processing Fee	205.18	902824	40440060
11/4/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#195030672 194712840	- 3rd Party Payor Fee	73.68	902825	40440076
11/4/2026	Domestic Wire Withdrawal WIRE OUT MORRIS + DI CKSON LLC	- Pharmacy Inventory Invoices	33,568.13	902826	10450000
11/5/2026	FDMS 00000000000000009000 - FDMS EQUIP 52-16 01830-000	- Credit Card Machine Lease Fee	32.45	902827	40440076
11/5/2026	FDMS 00000000000000009000 - FDMS EQUIP 52-23 96180-000	- Credit Card Machine Lease Fee	58.44	902828	40440076
11/5/2026	FDMS 00000000000000009000 - FDMS EQUIP 52-23 96181-000	- Credit Card Machine Lease Fee	116.87	902829	40440076
11/5/2026	FDMS 00000000000000009000 - FDMS EQUIP 52-23 96182-000	- Credit Card Machine Lease Fee	175.29	902830	40440076
11/5/2026	FDMS 00000000000000009000 - FDMS EQUIP 52-21 82545-000	- Credit Card Machine Lease Fee	45.64	902831	40440076
11/5/2026	FDMS 00000000000000009000 - FDMS EQUIP 52-21 82557-000	- Credit Card Machine Lease Fee	181.77	902832	40440076
11/5/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#195598767 195326746	- 3rd Party Payor Fee	293.70	902833	40440076
11/5/2026	HPHG LLC 90 DB PREMIUM - MEMOR PREM MEMORIAL MEDICAL PREMIUM PORT LAVACA OCT 20	- Health Insurance Premium Payment	95,825.11	902834	60320000
11/6/2026	MEMORIAL MEDICAL - PAYROLL		392,471.23		
11/6/2026	HPHG LLC - PORT LAVAC 90 DEGREE BENEFITS CL AIMS 9.21.26 MemMedCtr PtLav	- Health Insurance Claim Payments	43,607.10	902835	60320000
11/6/2026	HPHG LLC - PORT LAVAC 90 DEGREE BENEFITS CL AIMS 10.30.26 MemMedCtr Ptlav	- Health Insurance Claim Payments	86,996.78	902836	60320000
11/6/2026	HEALTHEQUITY INC - HealthEqui	- EmpDeduct/Employer Contribut	1,068.66	902837	PAYROLL- 20280000
11/6/2026	AMERISOURCE BERG - PAYMENTS 100007768	- 340B Drug Program Expense	1,819.64	902838	60310000
11/6/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#196285880 196015385	- 3rd Party Payor Fee	215.27	902839	40440076
			688,930.56		

688,930.56 +
30,531.92 -
33,568.13 -
95,825.11 -
392,471.23 -
43,607.10 -
86,996.78 -
1,068.66 -
1,819.64 -
854.05 -
25.00 -
1,192.48 -
360.00 -
610.46 -
0.00 =

Caitlin Clevenger, Controller
Memorial Medical Center

November 9, 2026

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
11/15/2026	Texas County DRS	- Retirement Funding	189,615.42
11/20/2026	Webfile Tax Pymt	- Sales Tax	1,450.40
			191,065.82

Controller
enter

November 9, 2026

32.45 +
58.44 +
116.87 +
175.29 +
45.64 +
181.77 +
610.46 Leasing

52.54 +
102.28 +
205.18 +
360.00 processing fee

180.87 +
90.53 +
73.68 +
293.70 +
215.27 +
854.05 Pay Plus

25.00 +
25.00 Authnet Gateway

1,192.48 +
1,192.48 Loyale LLC Trubridge

COMPTROLLER.TEXAS.GOV

Menu

Confirmation: You Have Filed Successfully

Sales and Use Tax Period Ending 10/31/2026 (2610)

Taxpayer ID: [redacted]
User ID: [redacted]
Reference Number [redacted]
Date and Time of Filing:
11/05/2026, 09:31:21 AM

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

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

PAYMENT SUMMARY

Electronic Check
State Amount: $1,098.79
Local Amount: $351.61
Amount to Pay: $1,450.40
Electronic Check: $1,450.40

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

Type of Bank Account: Checking
Accountholder Name:
Memorial Medical Center Operating
Bank Routing Number [redacted]
Bank Account Numbe [redacted]
Payment Effective Date: 11/19/2026

CREDIT SUMMARY

Credits Taken

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

Licensed Customs Broker Exported Sales

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

LOCATION SUMMARY

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	17,669	17,669	0.00	17,669	1,104.31	17,669	0.02	353.38
SubTotal	**17,669**	**17,669**	**0**	**17,669**	**1,104.31**	**17,669**		**353.38**

Total Tax for Locations **1,457.69**

Total Tax Due:	$1,457.69
Timely Filing Discount:	- $7.29
Balance Due:	$1,450.40

Pending Payments:	- $0.00
Total Amount Due and Payable:	**$1,450.40**

(State amount due is $1,098.79) (Local amount due is $351.61)

Date/Time	11-02-2026 / 11:31 AM
Submitted By	agibson419
Pay Date	10-31-2026
Employee Deposits	$77,484.45
Employer Contributions	$112,130.97
Group Term Life Premiums	$0.00
Total	$189,615.42
Comments	
Payroll File	Oct 2026.xlsx

CLOSE PRINT

RECEIVED
NOV 05 2026
Calhoun County Auditor

11/05/2026
09:58

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/20/2026

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
102826A		10/28/202	10/28/202	11/20/202			1,025.92	0.00	0.00	1,025.92
102826	"	10/28/202	10/28/202	11/20/202			19.60	0.00	0.00	19.60
102926	"	10/29/202	10/29/202	11/20/202			9,283.03	0.00	0.00	9,283.03
102926A	"	10/29/202	10/29/202	11/20/202			6,510.00	0.00	0.00	6,510.00
103026	"	10/30/202	10/30/202	11/20/202			12,600.95	0.00	0.00	12,600.95

ins. pay. dep. into mmc opt. Correction

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	LAVACA BAY NURSING AND REHAB	29,439.50	0.00	0.00	29,439.50

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	29,439.50	0.00	0.00	29,439.50

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

Chk# 214784

RECEIVED
NOV 05 2026
Calhoun County Auditor

11/05/2026
09:59

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/20/2026

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
102726	ins. pay. dep. into mmc opt. correction	10/27/202	10/27/202	11/20/202			7,900.00	0.00	0.00	7,900.00
102726B	"	10/27/202	10/27/202	11/20/202			69,246.38	0.00	0.00	69,246.38
102726A	"	10/27/202	10/27/202	11/20/202			8,308.80	0.00	0.00	8,308.80
102826	"	10/28/202	10/28/202	11/20/202			279.15	0.00	0.00	279.15
102826A	"	10/28/202	10/28/202	11/20/202			3,125.00	0.00	0.00	3,125.00
102926	"	10/28/202	10/29/202	11/20/202			115.01	0.00	0.00	115.01
110226	"	11/02/202	11/02/202	11/20/202			2,113.43	0.00	0.00	2,113.43
110226B	"	11/02/202	11/02/202	11/20/202			350.65	0.00	0.00	350.65
110226A	"	11/02/202	11/02/202	11/20/202			6.38	0.00	0.00	6.38
110226C	"	11/02/202	11/02/202	11/20/202			2,170.00	0.00	0.00	2,170.00
110326	"	11/03/202	11/03/202	11/20/202			1,366.53	0.00	0.00	1,366.53

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	94,981.33	0.00	0.00	94,981.33

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	94,981.33	0.00	0.00	94,981.33

APPROVED ON
NOV 08 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 214783

RECEIVED
NOV 05 2026
Calhoun County Auditor

11/05/2026
09:58

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/20/2026

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
102726	ins. pay. dep. into mmc opt. correction	10/27/202	10/27/202	11/20/202			15,040.00	0.00	0.00	15,040.00
102826B	"	10/28/202	10/28/202	11/20/202			450.00	" 0.00	0.00	450.00
102826A	"	10/29/202	10/28/202	11/20/202			11,694.28	" 0.00	0.00	11,694.28
102926	"	10/29/202	10/29/202	11/20/202			9,160.94	" 0.00	0.00	9,160.94
102926A	"	10/30/202	10/29/202	11/20/202			14,250.00	" 0.00	0.00	14,250.00
103026	"	10/30/202	10/30/202	11/20/202			3,906.00	" 0.00	0.00	3,906.00
110226	"	11/04/202	11/02/202	11/20/202			19,950.00	" 0.00	0.00	19,950.00
110326	"	11/04/202	11/03/202	11/20/202			27,780.00	" 0.00	0.00	27,780.00
110326A	"	11/04/202	11/03/202	11/20/202			651.00	" 0.00	0.00	651.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	102,882.22	0.00	0.00	102,882.22

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	102,882.22	0.00	0.00	102,882.22

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

CHK# 214785

APPROVED ON
NOV 09 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
11.9.26

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		18,538.71	18,438.71	119,629.11		-	119,729.11	119,629.11
						Bank Balance	119,729.11	
						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 **119,629.11**

Approved:
Caitlin Clevenger, Controller **11/9/2026**

Golden Creek	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
11/6/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 110626 543684555876917	-	736.00		736.00
11/6/2026 Am Health TX - PAYMENT 21531	-	10,000.00		10,000.00
11/6/2026 HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0S15502715888075964*1746000156~ 17460034113011	-	6,828.81		6,828.81
11/5/2026 Deposit	-	67,692.04		67,692.04
11/5/2026 GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	18,993.30		18,993.30
11/5/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 110526 543684555876917	-	3,848.00		3,848.00
11/4/2026 Domestic Wire Withdrawal WIRE OUT NEXION HEAL TH d/b/a GOLDEN CREEK HC	18,438.71	-		-
11/4/2026 GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	9,313.44		9,313.44
11/3/2026 HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0S15058615888075964*1746000156~ 17460034113011	-	541.03		541.03
11/2/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 110226 543684555876917	-	1,584.00		1,584.00
11/2/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 110226 543684555876917	-	92.49		92.49
	18,438.71	**119,629.11**	**-**	**119,629.11**

Transaction Report

PROSPERITY BANK

Transaction Report for account *4454

Reported on Mon Nov 09 16:33:00 GMT 2026

Current Balance $138,755.05
Interest Accrued $21.88
Available Balance $138,755.05

Date		Description	Credit	Debit	Running Balance
[redacted]		[redacted]	[redacted]		[redacted]
[redacted]		[redacted]	[redacted]		[redacted]
[redacted]		[redacted]	[redacted]		[redacted]
11/06/2026		External Deposit TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 110626 543684555876917	$736.00		$119,729.11
11/06/2026		External Deposit Am Health TX - PAYMENT 21531	$10,000.00		$118,993.11
11/06/2026		External Deposit HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0S155027158807596 4*1746000156~ 174600341 13011	$6,828.81		$108,993.11
11/05/2026	127053092654703	Deposit Deposit	$67,692.04		$102,164.30
11/05/2026		External Deposit GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	$18,993.30		$34,472.26
11/05/2026		External Deposit TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 110526 543684555876917	$3,848.00		$15,478.96
11/04/2026		Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT NEXION HEAL TH d/b/a GOLDEN CREEK HC		$18,438.71	$11,630.96

APPROVED ON

NOV 09 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
11.9.26

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		249,824.33	249,724.33	92,014.81	-	-		-	92,114.81	92,014.81
							Bank Balance		92,114.81	
							Variance		-	
							Leave in Balance		100.00	

Adjust Balance/Transfer Amt 92,014.81

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

Approved:
Caitlin Clevenger, Controller 11/9/2026

Tuscany Village		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
11/6/2026	NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T8004412*1205296137*000004011~ 676201	-	18,093.26		18,093.26
11/5/2026	Deposit	-	68,000.20		68,000.20
11/5/2026	Over Counter Check	1,187.60	-		-
11/5/2026	Over Counter Check	29,452.41	-		-
11/4/2026	Domestic Wire Withdrawal WIRE OUT VILLAGE POS T ACUTE HEALTH SERVICE	219,084.32	-		-
11/3/2026	NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7999727*1205296137*000004011~ 676201	-	5,372.67		5,372.67
11/2/2026	NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7998194*1205296137*000004011~ 676201	-	548.68		548.68
		249,724.33	**92,014.81**	-	**92,014.81**

Transaction Report

PROSPERITY BANK

Transaction Report for account *3407

Reported on Mon Nov 09 16:38:00 GMT 2026

Current Balance $92,114.81
Interest Accrued $46.97
Available Balance $92,114.81

Date		Description	Credit	Debit	Running Balance
11/06/2026		External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T8004412*1205296137*000004011~ 676201	$18,093.26		$92,114.81
11/05/2026	127053092654741	Deposit Deposit	$68,000.20		$74,021.55
11/05/2026	1210	Over Counter Check Over Counter Check		$1,187.60	$6,021.35
11/05/2026	1211	Over Counter Check Over Counter Check		$29,452.41	$7,208.95
11/04/2026		Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE		$219,084.32	$36,661.36
11/03/2026		External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7999727*1205296137*000004011~ 676201	$5,372.67		$255,745.68
11/02/2026		External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7998194*1205296137*000004011~ 676201	$548.68		$250,373.01
10/30/2026		Credit Interest Credit Interest	$419.93		$249,824.33
10/29/2026	127053022652262	Deposit Deposit	$163,507.70		$249,404.40
10/29/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1272372683*1341858379\ 746003411	$17,263.37		$85,896.70

APPROVED ON
NOV 09 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
11.9.26

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	-	468,711.23	468,611.23	85,858.91			-	85,958.91	82,836.23
							Bank Balance	85,958.91	
							Variance	-	
							Leave in Balance	100.00	
							Funds owed to MMC	3,022.68	
							Adjust Balance/Transfer Amt	82,836.23	

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 11/9/2026

Lavaca Bay Nursing and Rehab		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
11/6/2026	HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0S15536815387198 36*1746000156~ 17460034113016	-	1,559.66		1,559.66
11/5/2026	Deposit	-	12,775.59		12,775.59
11/5/2026	NDC SWEEP SWEEP FROM X2983 - FAC 02330	-	31,176.19		31,176.19
11/5/2026	Deposit	-	31,273.09		31,273.09
11/4/2026	Domestic Wire Withdrawal WIRE OUT REG Leased OpCo LLC	468,611.23	-		-
11/3/2026	HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0S15079415387198 36*1746000156~ 17460034113016	-	9,074.38		9,074.38
		468,611.23	**85,858.91**	**-**	**85,858.91**

Transaction Report

PROSPERITY BANK

Transaction Report for account *5506

Reported on Mon Nov 09 16:11:00 GMT 2026

Current Balance $85,958.91
Interest Accrued $72.60
Available Balance $85,958.91

Date		Description	Credit	Debit	Running Balance
11/06/2026		External Deposit HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0S155368153871983 6*1746000156~ 17460034113016	$1,559.66		$85,958.91
11/05/2026	127053092654788	Deposit Deposit	$12,775.59		$84,399.25
11/05/2026		External Deposit NDC SWEEP SWEEP FROM X2983 - FAC 02330	$31,176.19		$71,623.66
11/05/2026	178663092627873	Deposit Deposit	$31,273.09		$40,447.47
11/04/2026		Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT REG Leased OpCo LLC		$468,611.23	$9,174.38
11/03/2026		External Deposit HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0S150794153871983 6*1746000156~ 17460034113016	$9,074.38		$477,785.61
10/30/2026		Credit Interest Credit Interest	$325.33		$468,711.23
10/30/2026		External Deposit NDC SWEEP SWEEP FROM X2983 - FAC 02330	$1,124.85		$468,385.90
10/30/2026		External Deposit HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0S147672153871983 6*1746000156~ 17460034113016	$14,353.39		$467,261.05
10/29/2026	127053022652199	Deposit Deposit	$43,133.56		$452,907.66

✓Lavaca Bay

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: mmc ✓

Date Requested: 11-5-26

APPROVED ON NOV 09 2026 BY COUNTY AUDITOR CALHOUN COUNTY TEXAS

FOR ACCT. USE ONLY

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

CHK# 11816

AMOUNT $1280.64 ✓

G/L NUMBER: 20656000

EXPLANATION: Recoup on mmc funds for Lavaca Bay

EFT # Remit02250 dated 11-4-26

REQUESTED BY: K. Pokluda

AUTHORIZED BY: CO ✓

CAT # 10303 / FM 1600

MEMORIAL MEDICAL CENTER
1016 N VIRGINIA ST
PORT LAVACA, TX 779793000

NOVITAS SOLUTIONS
MEDICARE A
P O BOX 3113
MECHANICSBURG, PA 170551828

PROVIDER #: [redacted]
PAID DATE: 11/4/2026
TRACE [redacted]
FISCAL PERIOD: 12/31/2026
PAYMENT: $0.00

PATIENT NAME PATIENT ID CODE FROM DT THRU DT CLM STAT TOB	PAT CNTRL NUM MED REC NUM ICN NUMBER INSURED ID CODE	COST COVD NCOVD .	TOTAL CHGS OTHER PAY COST OUTLIER MSP PAYMENT	DRG NUM DRG AMOUNT DRG OPR AMT DRG CAP AMT	COVD CHGS NCOVD CHGS DENIED CHGS MISC ADJ	COINSURANCE COPAYMENT DEDUCTIBLE PAT OTHER RESP	CONTRACT ADJ REIMB RATE HCPCS AMOUNT PAYMENT AMT
REPORT SUMMARY		0 0 0	989.00 0.00 0.00 0.00	 0.00 0.00 0.00	989.00 0.00 0.00 0.00	133.00 0.00 0.00 0.00	-424.64 0.00 0.00 1,280.64

PAID DATE	FISCAL PERIOD	PROVIDER #	TOB	CLAIMS	CHARGES	PAYMENT	CONTRACT	PAY+CONT
11/4/2026	12/31/2026	[redacted]	71	7	989.00	1,280.64	-424.64	856.00
				7	989.00	1,280.64	-424.64	856.00

PROVIDER LEVEL ADJUSTMENTS

PROVIDER #	FISCAL PERIOD	REASON CODE	DESCRIPTION	AMOUNT
[redacted]	12/31/2026	[redacted]	Overpayment Recovery	1,280.64
(Positive Amounts Decrease Payment)				1,280.64

Sign Out ?

RE: MMC ZERO REMITS 11.4.26 zsecure

kpokluda@mmcportlavaca.com <Office365@messaging.microsoft.com>
11/5/2026 4:11:17 PM

To: Jamie.Frederick@trubridge.com; Cheryl.See@trubridge.com

Reply All

Encrypt: This message is encrypted. Recipients can't remove encryption.

Thank you.

I will post these.

Katrina

From: Cheryl See <Cheryl.See@trubridge.com>
Sent: Thursday, November 5, 2026 2:25:32 PM
To: Jamie Frederick <Jamie.Frederick@trubridge.com>; kpokluda <kpokluda@mmcportlavaca.com>
Cc: Stephanie Leal <Stephanie.Leal@trubridge.com>; STEVIE PARMER <STEVIE.Parmer@trubridge.com>; mpassmore <mpassmore@mmcportlavaca.com>
Subject: MMC ZERO REMITS 11.4.26 zsecure

Good Morning,
I attached 2 remits that we received yesterday, 11/4/26.

Spoke to Medicare/Amari Ref#011113092642819-1
Remit 04619/MMC HOSPITAL 1742.04
202.04 principal Lavaca Bay Nursing and Rehab 2020121000013N7 05/1/21-05/22/21
1540.00 interest Lavaca Bay Nursing and Rehab 2020121000013N7 05/1/21-05/22/21

Remit 02250/MMC CLINIC 1280.64
1280.64 Principal Lavaca Bay Nursing and Rehab 2020121000013N7 05/1/21-05/22/21

Cheryl See
Medicare Billing and Followup Resolution Rep

251-472-8597 (Direct)
320-334-2592 (Fax)

Lavaca Bay ✓

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: mmc ✓

Date Requested: 11-5-26

APPROVED ON NOV 09 2026 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

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

Chk# 11846

AMOUNT $1742.04 ✓

G/L NUMBER: 20656000

EXPLANATION: Recoup on mmc funds for Lavaca Bay

EOB # Remit 04619 dated 11-4-26

REQUESTED BY: K. Pokluda

AUTHORIZED BY: ✓

CAT # 10303 / FM 1600

MEMORIAL MEDICAL CENTER
815 N VIRGINIA ST
PORT LAVACA, TX 779793025

NOVITAS SOLUTIONS
MEDICARE A
P O BOX 3113
MECHANICSBURG, PA 170551828

PROVIDER #[redacted]
PAID DATE: 11/4/2026
TRACE #:[redacted]
FISCAL PERIOD: 12/31/2026
PAYMENT: $0.00

PATIENT NAME PATIENT ID CODE FROM DT THRU DT CLM STAT TOB	PAT CNTRL NUM MED REC NUM ICN NUMBER INSURED ID CODE	COST COVD NCOVD	TOTAL CHGS OTHER PAY COST OUTLIER MSP PAYMENT	DRG NUM DRG AMOUNT DRG OPR AMT DRG CAP AMT	COVD CHGS NCOVD CHGS DENIED CHGS MISC ADJ	COINSURANCE COPAYMENT DEDUCTIBLE PAT OTHER RESP	CONTRACT ADJ REIMB RATE HCPCS AMOUNT PAYMENT AMT
REPORT SUMMARY		0 0 0	5,980.00 0.00 0.00 0.00	 0.00 0.00 0.00	5,980.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	4,237.96 0.00 0.00 1,742.04

PAID DATE	FISCAL PERIOD	PROVIDER #	TOB	CLAIMS	CHARGES	PAYMENT	CONTRACT	PAY+CONT
11/4/2026	12/31/2026	[redacted]	85	12	5,980.00	1,742.04	4,237.96	5,980.00
				12	5,980.00	1,742.04	4,237.96	5,980.00

PROVIDER LEVEL ADJUSTMENTS

PROVIDER #	FISCAL PERIOD	REASON CODE	DESCRIPTION	AMOUNT
[redacted]	12/31/2026	[redacted]	Overpayment Recovery	202.04
	12/31/2026		Overpayment Recovery	1,540.00
(Positive Amounts Decrease Payment)				1,742.04

RE: MMC ZERO REMITS 11.4.26 zsecure

kpokluda@mmcportlavaca.com <Office365@messaging.microsoft.com>
11/5/2026 4:11:17 PM

To: Jamie.Frederick@trubridge.com; Cheryl.See@trubridge.com

Reply All

Encrypt: This message is encrypted. Recipients can't remove encryption.

Thank you.

I will post these.

Katrina

From: Cheryl See <Cheryl.See@trubridge.com>
Sent: Thursday, November 5, 2026 2:25:32 PM
To: Jamie Frederick <Jamie.Frederick@trubridge.com>; kpokluda <kpokluda@mmcportlavaca.com>
Cc: Stephanie Leal <Stephanie.Leal@trubridge.com>; STEVIE PARMER <STEVIE.Parmer@trubridge.com>; mpassmore <mpassmore@mmcportlavaca.com>
Subject: MMC ZERO REMITS 11.4.26 zsecure

Good Morning,
I attached 2 remits that we received yesterday, 11/4/26.

Spoke to Medicare/Amari Ref#011113092642819-1
Remit 04619/MMC HOSPITAL 1742.04
202.04 principal Lavaca Bay Nursing and Rehab 2020121000013N7 05/1/21-05/22/21
1540.00 interest Lavaca Bay Nursing and Rehab 2020121000013N7 05/1/21-05/22/21

Remit 02250/MMC CLINIC 1280.64
1280.64 Principal Lavaca Bay Nursing and Rehab 2020121000013N7 05/1/21-05/22/21

Cheryl See
Medicare Billing and Followup Resolution Rep

251-472-8597 (Direct)
320-334-2592 (Fax)

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

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

001186

Date 11-11-26 88-2265/1131

PAY TO THE ORDER OF mmc Operating $ 3,022.68

Three thousand twenty two dollars & 68/100 DOLLARS

PROSPERITY BANK®

FOR Recoup

Security features are included. Details on back.

[redacted]

Transaction Report

PROSPERITY BANK®

Transaction Report for account *5506

Reported on Wed Nov 11 18:05:00 GMT 2026

Current Balance $141,323.70
Interest Accrued $76.13
Available Balance $141,323.70

Date		Description	Credit	Debit	Running Balance
11/12/2026		External Deposit CENTENE CORP - HCCLAIMPMT TRN*1*0913806150*1742770542\	$131,793.11		$141,323.70
11/12/2026		External Deposit HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0S160871153871983 6*1746000156~ 17460034113016	$13,785.91		$9,530.59
11/10/2026		Deposited Item Return NSF 7107 061000146		$7,378.00	-$4,255.32
11/10/2026		Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT REG Leased OpCo LLC		$82,836.23	$3,122.68
11/06/2026		External Deposit HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0S155368153871983 6*1746000156~ 17460034113016	$1,559.66		$85,958.91
11/05/2026	127053092654788	Deposit Deposit	$12,775.59		$84,399.25
11/05/2026		External Deposit NDC SWEEP SWEEP FROM X2983 - FAC 02330	$31,176.19		$71,623.66
11/05/2026	178663092627873	Deposit Deposit	$31,273.09		$40,447.47
11/04/2026		Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT REG Leased OpCo LLC		$468,611.23	$9,174.38
11/03/2026		External Deposit HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0S150794153871983 6*1746000156~ 17460034113016	$9,074.38		$477,785.61

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
BSL	001186	11/11/26	3,022.68	MMC OPERATING
TOTALS:			3,022.68	