

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---January 15, 2025

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 1,061,926.42
TOTAL TRANSFERS BETWEEN FUNDS	\$ 60,388.96
TOTAL NURSING HOME UPL EXPENSES	\$ 545,989.49
TOTAL INTER-GOVERNMENT TRANSFERS	\$ 9,063.24
GRAND TOTAL DISBURSEMENTS APPROVED January 15, 2025	\$ 1,677,368.11

APPROVED

JAN 15 2025

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---January 15, 2025

PAYABLES AND PAYROLL

1/9/2025 Weekly Payables	493,613.73
1/9/2025 Clearfly	20.50
1/9/2025 Citibank Credit Card-see attached (Erin)	884.31
1/13/2025 McKesson-340B Prescription Expense	1,449.41
1/13/2025 Amerisource Bergen-340B Prescription Expense	2,575.05
1/13/2025 Amerisource Bergen-340B Prescription Expense	80.71
1/13/2025 Payroll Liabilities-Payroll Taxes	111,734.94
1/13/2025 Payroll	359,097.35
Prosperity Electronic Bank Payments	
1/13/2025 90 Degree Benefits - employee insurance claims	83,801.40
1/13/2025 Pay Plus-Patient Claims Processing Fee	591.85
1/13/2025 Credit Card Processing Fee	6,664.64
1/13/2025 Credit Card Lease Fee	335.53
1/13/2025 Health Equity -HSA Contributions	1,077.00

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 1,061,926.42
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TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

1/9/2025 MMC Operating to Fort bend-Correction of insurance payment deposited into MMC Operating in error	69.42
1/9/2025 MMC Operating to Broadmoor-Correction of insurance payment deposited into MMC Operating in error	2,472.51
1/9/2025 MMC Operating to The Crescent-Correction of insurance payment deposited into MMC Operating in error	6,624.00
1/9/2025 MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	12,074.73
1/9/2025 MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	36,426.00
1/9/2025 MMC Operating to Bethany-Correction of insurance payment deposited into MMC Operating in error	2,722.30

TOTAL TRANSFERS BETWEEN FUNDS	\$ 60,388.96
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NURSING HOME UPL EXPENSES

1/13/2025 Nursing Home UPL-Cantex Transfer	39,620.34
1/13/2025 Nursing Home UPL-Nexion Transfer	146,705.64
1/13/2025 Nursing Home UPL-Tuscany Transfer	153,848.76
1/13/2025 Nursing Home UPL-HSL Transfer	159,465.86

TRANSFER OF FUNDS BETWEEN NURSING HOMES

1/13/2025 Crescent to Tuscany -Tuscany insurance payment deposited into Crescent in error	10,160.89
1/13/2025 Crescent to Tuscany -Tuscany insurance payment deposited into Crescent in error	500.00
1/13/2025 Crescent to Tuscany -Tuscany insurance payment deposited into Crescent in error	35,688.00

TOTAL NURSING HOME UPL EXPENSES	\$ 545,989.49
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INTER-GOVERNMENT TRANSFERS

1/13/2025 HARP IGT First Half Year 4 FY 2025	9,063.24
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TOTAL INTER-GOVERNMENT TRANSFERS	\$ 9,063.24
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GRAND TOTAL DISBURSEMENTS APPROVED January 15, 2025	\$ 1,677,368.11
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01/09/2025

JAN 09 2025

MEMORIAL MEDICAL CENTER

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AP Open Invoice List

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Due Dates Through: 01/17/2025

Vendor# Vendor Name CALHOUN COUNTY, TEXAS

Class Pay Code

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
11237	3WON, LLC			4500		01/03/202	01/03/202	01/17/202			1,194.00	0.00	0.00	1,194.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11237	3WON, LLC	1,194.00	0.00	0.00	1,194.00

Vendor# Vendor Name Class Pay Code

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10950	ACUTE CARE INC			INV2140		01/07/202	01/20/202	01/15/202			1,400.00	0.00	0.00	1,400.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10950	ACUTE CARE INC	1,400.00	0.00	0.00	1,400.00

Vendor# Vendor Name Class Pay Code

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
14028	AMAZON CAPITAL SERVICES			1NHXPR3YL9XC		12/18/202	11/24/202	12/24/202			547.71	0.00	0.00	547.71

				1MGT6CHG1DV7		12/18/202	12/12/202	01/11/202			1,762.97	0.00	0.00	1,762.97
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				13L3LWTX6RNY		12/18/202	12/12/202	01/11/202			122.16	0.00	0.00	122.16
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				14R64VV6917P		12/18/202	12/16/202	01/15/202			228.00	0.00	0.00	228.00
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				17C7PG4T7YPT		12/18/202	12/16/202	01/15/202			43.98	0.00	0.00	43.98
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				1JMHXYRY7MF1		12/18/202	12/16/202	01/15/202			299.88	0.00	0.00	299.88
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				1RV4M17RGFMW		12/18/202	12/17/202	01/16/202			282.85	0.00	0.00	282.85
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Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	3,287.55	0.00	0.00	3,287.55

Vendor# Vendor Name Class Pay Code

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10592	AMERICAN PROFICIENCY INSTITUTE			698315		12/18/202	09/18/202	10/13/202			155.00	0.00	0.00	155.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10592	AMERICAN PROFICIENCY INSTITUTE	155.00	0.00	0.00	155.00

Vendor# Vendor Name Class Pay Code

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
A1360	AMERISOURCEBERGEN DRUG CORP	W		657962414A		01/06/202	04/11/202	01/17/202			-1,353.45	0.00	0.00	-1,353.45

				804987286		01/06/202	10/31/202	01/17/202			10.65	0.00	0.00	10.65
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				805061862		01/06/202	12/15/202	01/17/202			9.98	0.00	0.00	9.98
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				3199495539		01/06/202	12/17/202	01/17/202			1,545.00	0.00	0.00	1,545.00
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				3200839659		01/06/202	12/31/202	01/17/202			369.42	0.00	0.00	369.42
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✓	805097283		01/07/202	12/31/202	01/10/202		10.65	0.00	0.00	10.65	✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	A1360	AMERISOURCEBERGEN DRUG CORP					592.25	0.00	0.00	592.25	
Vendor#	Vendor Name		Class		Pay Code						
A2150	✓ ANNOUNCEMENTS PLUS TOO AGAIN		W								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	6197		01/09/202	09/25/202	10/25/202		42.00	0.00	0.00	42.00	✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	A2150	ANNOUNCEMENTS PLUS TOO AGAIN					42.00	0.00	0.00	42.00	
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	
✓	15174		01/07/202	11/22/202	12/07/202		14,162.00	0.00	0.00	14,162.00	✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	11247	AVENO NETWORKS					14,162.00	0.00	0.00	14,162.00	
Vendor#	Vendor Name		Class		Pay Code						
14088	✓ AZALEA HEALTH										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	112404		01/07/202	01/01/202	01/01/202		712.80	0.00	0.00	712.80	✓
	JAN 2025										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	14088	AZALEA HEALTH					712.80	0.00	0.00	712.80	
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	
✓	83226889		12/18/202	12/02/202	12/27/202		631.20	0.00	0.00	631.20	✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	B1150	BAXTER HEALTHCARE					631.20	0.00	0.00	631.20	
Vendor#	Vendor Name		Class		Pay Code						
M2485	✓ BAYER HEALTHCARE		M								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	6011718343		12/18/202	11/25/202	12/31/202		1,170.32	0.00	0.00	1,170.32	✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	M2485	BAYER HEALTHCARE					1,170.32	0.00	0.00	1,170.32	
Vendor#	Vendor Name		Class		Pay Code						
10024	✓ BECTON, DICKINSON & CO (BD)										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	9113592722		12/31/202	12/12/202	01/11/202		496.50	0.00	0.00	496.50	✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	10024	BECTON, DICKINSON & CO (BD)					496.50	0.00	0.00	496.50	
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	
✓	907873918		01/08/202	12/19/202	01/08/202		358.12	0.00	0.00	358.12	✓
✓	907873919		01/08/202	12/19/202	01/08/202		2,124.00	0.00	0.00	2,124.00	✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	11072	BIO-RAD LABORATORIES, INC					2,482.12	0.00	0.00	2,482.12	

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
122424		12/31/202	12/24/202	01/07/202			25.55	0.00	0.00	25.55
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
C1048 CALHOUN COUNTY							25.55	0.00	0.00	25.55
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
8003705711		12/27/202	12/19/202	01/13/202			176.20	0.00	0.00	176.20
8003717177		12/31/202	12/22/202	01/16/202			421.26	0.00	0.00	421.26
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
C1325 CARDINAL HEALTH 414, INC.							597.46	0.00	0.00	597.46
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
10024154139		12/31/202	12/06/202	01/01/202			1,788.00	0.00	0.00	1,788.00
10024154147		12/31/202	12/06/202	01/01/202			2.00	0.00	0.00	2.00
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
200028757		12/18/202	12/17/202	01/16/202			391.57	0.00	0.00	391.57
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
10541 CARESFIELD							391.57	0.00	0.00	391.57
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
17656123124		12/31/202	12/31/202	01/07/202			33,946.77	0.00	0.00	33,946.77
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
10212 CLINICAL PATHOLOGY LABS							33,946.77	0.00	0.00	33,946.77
Vendor#	Vendor Name				Class	Pay Code				
11029	COASTAL REFRIGERATION									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
123024		01/06/202	12/30/202	01/17/202			255.00	0.00	0.00	255.00
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11029 COASTAL REFRIGERATION							255.00	0.00	0.00	255.00
Vendor#	Vendor Name				Class	Pay Code				
11030	COMBINED INSURANCE									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
010124		01/07/202	01/01/202	01/01/202			501.72	0.00	0.00	501.72
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11030 COMBINED INSURANCE							501.72	0.00	0.00	501.72
Vendor#	Vendor Name				Class	Pay Code				
14080	CORROHEALTH, INC.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

✓ 919876			12/31/202	09/01/202	10/01/202		2,557.65	0.00	0.00	2,557.65	✓
AUGUST 2024 SERVICES											
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net	
14080		CORROHEALTH, INC.					2,557.65	0.00	0.00	2,557.65	
Vendor#	Vendor Name		Class		Pay Code						
13052	✓ COURTNE THURLKILL										
Invoice#		Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓ 010725			01/07/202	01/07/202	01/07/202		888.00	0.00	0.00	888.00	✓
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net	
13052		COURTNE THURLKILL					888.00	0.00	0.00	888.00	
Vendor#	Vendor Name		Class		Pay Code						
13932	✓ COVIDIEN SALES LLC										
Invoice#		Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓ 5873595715			12/17/202	12/02/202	12/17/202		496.50	0.00	0.00	496.50	✓
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net	
13932		COVIDIEN SALES LLC					496.50	0.00	0.00	496.50	
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	
✓ 7777990			12/31/202	12/19/202	01/13/202		102.54	0.00	0.00	102.54	✓
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net	
10368		DEWITT POTH & SON					102.54	0.00	0.00	102.54	
Vendor#	Vendor Name		Class		Pay Code						
10042	✓ ERBE USA INC SURGICAL SYSTEMS										
Invoice#		Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓ 37032831			12/18/202	09/20/202	11/06/202		192.30	0.00	0.00	192.30	✓
✓ 37043600			12/18/202	11/06/202	12/18/202		169.50	0.00	0.00	169.50	✓
✓ 37047420			12/18/202	11/21/202	12/18/202		169.50	0.00	0.00	169.50	✓
✓ 37050975			12/18/202	12/07/202	12/18/202		192.06	0.00	0.00	192.06	✓
✓ 37080894			12/18/202	04/10/202	12/18/202		2,449.67	0.00	0.00	2,449.67	✓
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net	
10042		ERBE USA INC SURGICAL SYSTEMS					3,173.03	0.00	0.00	3,173.03	
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	
✓ 01A25MMC			12/31/202	01/01/202	01/16/202		545.00	0.00	0.00	545.00	✓
✓ 01E25MMC			12/31/202	01/01/202	01/16/202		1,145.00	0.00	0.00	1,145.00	✓
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net	
10689		FASTHEALTH CORPORATION					1,690.00	0.00	0.00	1,690.00	
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	
✓ 275203			12/17/202	12/17/202	01/16/202		24,777.14	0.00	0.00	24,777.14	✓
✓ 276453			01/07/202	12/31/202	01/17/202		2,670.00	0.00	0.00	2,670.00	✓

Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
14336		FIRETRON, INC					27,447.14	0.00	0.00	27,447.14
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
	7685228		12/17/202	12/18/202	01/12/202		258.90	0.00	0.00	258.90
	7718834		12/17/202	12/19/202	01/13/202		648.68	0.00	0.00	648.68
	7718835		12/17/202	12/19/202	01/13/202		225.70	0.00	0.00	225.70
	7747289		12/17/202	12/20/202	01/14/202		138.78	0.00	0.00	138.78
	7511559		12/18/202	12/11/202	01/05/202		65.10	0.00	0.00	65.10
	7649376		12/18/202	12/17/202	01/11/202		641.17	0.00	0.00	641.17
	7649375		12/18/202	12/17/202	01/11/202		19.64	0.00	0.00	19.64
	7649377		12/18/202	12/17/202	01/11/202		2,024.84	0.00	0.00	2,024.84
	7649374		12/18/202	12/17/202	01/11/202		9.81	0.00	0.00	9.81
	7685226		12/31/202	12/18/202	01/10/202		52.60	0.00	0.00	52.60
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
F1400		FISHER HEALTHCARE					4,085.22	0.00	0.00	4,085.22
Vendor#	Vendor Name			Class	Pay Code					
11183	FRONTIER									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	122324		01/01/202	12/23/202	01/07/202		26.00	0.00	0.00	26.00
	121924A		01/09/202	12/19/202	01/13/202		70.40	0.00	0.00	70.40
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
11183		FRONTIER					96.40	0.00	0.00	96.40
Vendor#	Vendor Name			Class	Pay Code					
12636	FUSION CONNECT									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	1029318897		12/31/202	12/16/202	01/15/202		1,764.19	0.00	0.00	1,764.19
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
12636		FUSION CONNECT					1,764.19	0.00	0.00	1,764.19
Vendor#	Vendor Name			Class	Pay Code					
W1300	GRAINGER			M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	9322424707		12/18/202	11/20/202	12/15/202		184.20	0.00	0.00	184.20
	9352084538		12/31/202	12/19/202	01/13/202		67.50	0.00	0.00	67.50
	9352084520		12/31/202	12/19/202	01/13/202		148.33	0.00	0.00	148.33
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net
W1300		GRAINGER					400.03	0.00	0.00	400.03
Vendor#	Vendor Name			Class	Pay Code					
G0401	GULF COAST DELIVERY									

[illegible]

✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	✓
	946349		12/18/202	12/17/202	01/16/202			310.00	0.00	0.00	310.00	
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
		11312 INRAD						310.00	0.00	0.00	310.00	
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	
	✓ MMC012025		01/07/202	01/01/202	01/10/202			41,685.69	0.00	0.00	41,685.69	✓
	JANUARY 2025											
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
		11285 ITA RESOURCES INC						41,685.69	0.00	0.00	41,685.69	
Vendor#	Vendor Name					Class	Pay Code					
11108	ITERSOURCE CORPORATION											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	INV671475		01/07/202	01/07/202	01/07/202			20.50	0.00	0.00	20.50	
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
		11108 ITERSOURCE CORPORATION						20.50	0.00	0.00	20.50	
Vendor#	Vendor Name					Class	Pay Code					
16012	✓ JAMES TELECO											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	✓ 6255		01/09/202	01/03/202	01/09/202			7,412.00	0.00	0.00	7,412.00	✓
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
		16012 JAMES TELECO						7,412.00	0.00	0.00	7,412.00	
Vendor#	Vendor Name					Class	Pay Code					
14540	✓ JINDAL X LLC											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	✓ 202425082		12/31/202	01/02/202	01/16/202			9,225.00	0.00	0.00	9,225.00	✓
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
		14540 JINDAL X LLC						9,225.00	0.00	0.00	9,225.00	
Vendor#	Vendor Name					Class	Pay Code					
10972	✓ M G TRUST											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	✓ 121324		01/07/202	12/13/202	01/07/202			895.00	0.00	0.00	895.00	✓
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
		10972 M G TRUST						895.00	0.00	0.00	895.00	
Vendor#	Vendor Name					Class	Pay Code					
J1350	✓ M.C. JOHNSON COMPANY INC					M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	✓ 00396680		01/08/202	08/12/202	09/18/202			95.33	0.00	0.00	95.33	✓
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
		J1350 M.C. JOHNSON COMPANY INC						95.33	0.00	0.00	95.33	
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	
	✓ 23085748		12/17/202	12/24/202	01/08/202			237.11	0.00	0.00	237.11	✓
	✓ 23090550		12/17/202	12/26/202	01/10/202			665.41	0.00	0.00	665.41	✓
	✓ 23106028		12/17/202	12/26/202	01/10/202			60.14	0.00	0.00	60.14	✓

✓	23102084		12/17/202	12/30/202	01/14/202			71.66	0.00	0.00	71.66	✓
✓	23022182		12/18/202	12/10/202	01/15/202			512.92	0.00	0.00	512.92	✓
Vendor Totals: Number Name Gross Discount No-Pay Net												
	M2178	MCKESSON MEDICAL SURGICAL INC						1,547.24	0.00	0.00	1,547.24	
Vendor#	Vendor Name		Class		Pay Code							
11203	✓ MEDI-DOSE, INC											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	0938128		12/01/202	09/27/202	10/27/202			182.20	0.00	0.00	182.20	✓
Vendor Totals: Number Name Gross Discount No-Pay Net												
	11203	MEDI-DOSE, INC						182.20	0.00	0.00	182.20	
Vendor#	Vendor Name		Class		Pay Code							
11141	✓ MEDICAL DATA SYSTEMS, INC.											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	198494		12/31/202	12/31/202	01/10/202			81.69	0.00	0.00	81.69	✓
Vendor Totals: Number Name Gross Discount No-Pay Net												
	11141	MEDICAL DATA SYSTEMS, INC.						81.69	0.00	0.00	81.69	
Vendor#	Vendor Name		Class		Pay Code							
12588	✓ MEDICAL TECHNOLOGY ASSOCIATES											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	INV254410		12/18/202	12/10/202	01/04/202			1,720.08	0.00	0.00	1,720.08	✓
Vendor Totals: Number Name Gross Discount No-Pay Net												
	12588	MEDICAL TECHNOLOGY ASSOCIATES						1,720.08	0.00	0.00	1,720.08	
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	
✓	2349308311		12/17/202	12/18/202	01/12/202			327.64	0.00	0.00	327.64	✓
✓	2349408414		12/17/202	12/19/202	01/13/202			10.04	0.00	0.00	10.04	✓
✓	2349520838		12/17/202	12/19/202	01/13/202			159.85	0.00	0.00	159.85	✓
✓	2349870155		12/17/202	12/21/202	01/15/202			12.30	0.00	0.00	12.30	✓
✓	2349896531		12/17/202	12/21/202	01/15/202			220.97	0.00	0.00	220.97	✓
✓	2347628670		12/18/202	12/07/202	01/01/202			8,458.53	0.00	0.00	8,458.53	✓
✓	2348098009		12/18/202	12/11/202	01/05/202			510.27	0.00	0.00	510.27	✓
✓	2348662956		12/18/202	12/14/202	01/08/202			314.74	0.00	0.00	314.74	✓
✓	2349021821		12/18/202	12/17/202	01/11/202			35.78	0.00	0.00	35.78	✓
✓	2349021820		12/18/202	12/17/202	01/11/202			30.45	0.00	0.00	30.45	✓
✓	2349255102		12/18/202	12/18/202	01/12/202			79.44	0.00	0.00	79.44	✓
✓	2349254198		12/18/202	12/18/202	01/12/202			99.02	0.00	0.00	99.02	✓
✓	2349254193		12/18/202	12/18/202	01/12/202			31.37	0.00	0.00	31.37	✓

✓	2349254195		12/18/202	12/18/202	01/12/202			404.75	0.00	0.00	404.75	✓
✓	2349254199		12/18/202	12/18/202	01/12/202			472.11	0.00	0.00	472.11	✓
✓	2349254196		12/18/202	12/18/202	01/12/202			69.70	0.00	0.00	69.70	✓
✓	2349254197		12/18/202	12/18/202	01/12/202			106.45	0.00	0.00	106.45	✓
✓	2349254194		12/18/202	12/18/202	01/12/202			37.48	0.00	0.00	37.48	✓
Vendor Totals: Number Name Gross Discount No-Pay Net												
	M2470	MEDLINE INDUSTRIES INC						11,380.89	0.00	0.00	11,380.89	
Vendor#	Vendor Name		Class		Pay Code							
10963	✓ MEMORIAL MEDICAL CLINIC											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	121324		01/07/202	12/13/202	01/07/202			35.00	0.00	0.00	35.00	✓
Vendor Totals: Number Name Gross Discount No-Pay Net												
	10963	MEMORIAL MEDICAL CLINIC						35.00	0.00	0.00	35.00	
Vendor#	Vendor Name		Class		Pay Code							
10182	✓ MERCEDES SCIENTIFIC											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	2905522		12/31/202	12/16/202	01/15/202			35.95	0.00	0.00	35.95	✓
Vendor Totals: Number Name Gross Discount No-Pay Net												
	10182	MERCEDES SCIENTIFIC						35.95	0.00	0.00	35.95	
Vendor#	Vendor Name		Class		Pay Code							
14704	✓ METTLER-TOLEDO RAININ, LLC											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	679181571		01/08/202	12/13/202	12/18/202			136.20	0.00	0.00	136.20	✓
Vendor Totals: Number Name Gross Discount No-Pay Net												
	14704	METTLER-TOLEDO RAININ, LLC						136.20	0.00	0.00	136.20	
Vendor#	Vendor Name		Class		Pay Code							
10536	✓ MORRIS & DICKSON CO, LLC											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	9678		10/17/202	10/03/202	01/15/202			-1.01	0.00	0.00	-1.01	
✓	2874261	no invoice - removed						60.82	0.00	0.00	60.82	✓
✓	2811361		01/06/202	12/16/202	01/17/202			7.63	0.00	0.00	7.63	✓
✓	2808093		01/06/202	12/16/202	01/17/202			6,767.00	0.00	0.00	6,767.00	✓
✓	2810927		01/06/202	12/16/202	01/17/202			39.66	0.00	0.00	39.66	✓
✓	2811362		01/06/202	12/16/202	01/17/202			100.51	0.00	0.00	100.51	✓
✓	2814484		01/06/202	12/17/202	01/17/202			5.90	0.00	0.00	5.90	✓
✓	2817791		01/06/202	12/17/202	01/17/202			535.23	0.00	0.00	535.23	✓
✓	2817792		01/06/202	12/17/202	01/17/202			163.12	0.00	0.00	163.12	✓
✓	CM74831		01/06/202	12/18/202	01/17/202			-27.88	0.00	0.00	-27.88	✓

✓	CM74829	01/06/202 12/18/202 01/17/202	-27.88	0.00	0.00	-27.88	✓
✓	2823330	01/06/202 12/18/202 01/17/202	320.78	0.00	0.00	320.78	✓
✓	2820122	01/06/202 12/18/202 01/17/202	5.90	0.00	0.00	5.90	✓
✓	2823331	01/06/202 12/18/202 01/17/202	1,214.31	0.00	0.00	1,214.31	✓
✓	CM74830	01/06/202 12/18/202 01/17/202	-2.86	0.00	0.00	-2.86	✓
✓	2829340	01/06/202 12/19/202 01/17/202	1,052.62	0.00	0.00	1,052.62	✓
✓	2829339	01/06/202 12/19/202 01/17/202	999.77	0.00	0.00	999.77	✓
✓	2825769	01/06/202 12/19/202 01/17/202	752.31	0.00	0.00	752.31	✓
✓	2836436	01/06/202 12/22/202 01/17/202	1,790.39	0.00	0.00	1,790.39	✓
✓	2834094	01/06/202 12/22/202 01/17/202	92.64	0.00	0.00	92.64	✓
✓	2836435	01/06/202 12/22/202 01/17/202	869.00	0.00	0.00	869.00	✓
✓	2835247	01/06/202 12/22/202 01/17/202	349.73	0.00	0.00	349.73	✓
✓	2834097	01/06/202 12/22/202 01/17/202	23.26	0.00	0.00	23.26	✓
✓	2834095	01/06/202 12/22/202 01/17/202	301.33	0.00	0.00	301.33	✓
✓	2841255	01/06/202 12/23/202 01/17/202	14.29	0.00	0.00	14.29	✓
✓	CM75797	01/06/202 12/23/202 01/17/202	-92.64	0.00	0.00	-92.64	✓
✓	2841257	01/06/202 12/23/202 01/17/202	173.73	0.00	0.00	173.73	✓
✓	2843265	01/06/202 12/24/202 01/17/202	623.93	0.00	0.00	623.93	✓
✓	2843264	01/06/202 12/24/202 01/17/202	569.18	0.00	0.00	569.18	✓
✓	2850642	01/06/202 12/26/202 01/17/202	115.80	0.00	0.00	115.80	✓
✓	SC7099	01/06/202 12/26/202 01/17/202	240.20	0.00	0.00	240.20	✓
✓	SC7100	01/06/202 12/26/202 01/17/202	11.59	0.00	0.00	11.59	✓
✓	2847180	01/06/202 12/26/202 01/17/202	4,024.97	0.00	0.00	4,024.97	✓
✓	SC7102	01/06/202 12/26/202 01/17/202	259.44	0.00	0.00	259.44	✓
✓	2850643	01/06/202 12/26/202 01/17/202	32.33	0.00	0.00	32.33	✓
✓	2847183	01/06/202 12/26/202 01/17/202	117.56	0.00	0.00	117.56	✓
✓	2847182	01/06/202 12/26/202 01/17/202	22.49	0.00	0.00	22.49	✓
✓	SC7101	01/06/202 12/26/202 01/17/202	506.72	0.00	0.00	506.72	✓

✓	2847184	01/06/202 12/26/202 01/17/202	543.30	0.00	0.00	543.30	✓
✓	2847179	01/06/202 12/26/202 01/17/202	8.90	0.00	0.00	8.90	✓
✓	2857048	01/06/202 12/29/202 01/17/202	239.65	0.00	0.00	239.65	✓
✓	2857047	01/06/202 12/29/202 01/17/202	347.30	0.00	0.00	347.30	✓
✓	2855864	01/06/202 12/29/202 01/17/202	117.31	0.00	0.00	117.31	✓
✓	2862901	01/06/202 12/30/202 01/17/202	17,729.61	0.00	0.00	17,729.61	✓
✓	2860192	01/06/202 12/30/202 01/17/202	34.74	0.00	0.00	34.74	✓
✓	0033549	01/06/202 12/30/202 01/17/202	1,686.37	0.00	0.00	1,686.37	✓
✓	2860190	01/06/202 12/30/202 01/17/202	873.84	0.00	0.00	873.84	✓
✓	2860191	01/06/202 12/30/202 01/17/202	268.96	0.00	0.00	268.96	✓
✓	2859388	01/06/202 12/30/202 01/17/202	4,107.17	0.00	0.00	4,107.17	✓
✓	2862902	01/06/202 12/30/202 01/17/202	30.50	0.00	0.00	30.50	✓
✓	2862900	01/06/202 12/30/202 01/17/202	1,571.62	0.00	0.00	1,571.62	✓
✓	2860193	01/06/202 12/30/202 01/17/202	1,490.39	0.00	0.00	1,490.39	✓
✓	2865979	01/06/202 12/31/202 01/17/202	1,905.13	0.00	0.00	1,905.13	✓
✓	2869877	01/06/202 12/31/202 01/17/202	163.86	0.00	0.00	163.86	✓
✓	2865980	01/06/202 12/31/202 01/17/202	126.47	0.00	0.00	126.47	✓
✓	2869876	01/06/202 12/31/202 01/17/202	815.46	0.00	0.00	815.46	✓
✓	2869691	01/06/202 12/31/202 01/17/202	90.44	0.00	0.00	90.44	✓
✓	2870393	01/06/202 01/02/202 01/17/202	9,444.59	0.00	0.00	9,444.59	✓
✓	2871215	01/06/202 01/02/202 01/17/202	83.72	0.00	0.00	83.72	✓
✓	2871214	01/06/202 01/02/202 01/17/202	214.12	0.00	0.00	214.12	✓
✓	2874260	01/06/202 01/02/202 01/17/202	160.41	0.00	0.00	160.41	✓
✓	2759025AB	01/09/202 12/03/202 01/17/202	282.61	0.00	0.00	282.61	✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10536	MORRIS & DICKSON CO. LLC	64,348.34	0.00	0.00	64,348.34

Vendor#	Vendor Name	Class	Pay Code
13548	NACOGDOCHES TRANSCRIPTION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓ 8580		01/06/202	12/11/202	01/17/202			46.76	0.00	0.00	46.76	✓
✓ 8594		01/06/202	12/23/202	01/17/202			61.23	0.00	0.00	61.23	✓

11/23 - 12/16/24

✓ 8607			01/06/202	01/05/202	01/17/202		42.98	0.00	0.00	42.98 ✓
12/21/24 - 1/5/25										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
13548 NACOGDOCHES TRANSCRIPTION							150.97	0.00	0.00	150.97
Vendor#	Vendor Name					Class	Pay Code			
13624 ✓	NEXION HEALTH AT NAVASOTA INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 120125		12/31/202	12/01/202	01/07/202			1,000.00	0.00	0.00	1,000.00 ✓
DECEMBER 2024 REIMBURSEME										
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			
16004 ✓	NITOR E LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 45755		01/09/202	12/26/202	01/10/202			209,670.62	0.00	0.00	209,670.62 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
16004 NITOR E LLC							209,670.62	0.00	0.00	209,670.62
Vendor#	Vendor Name					Class	Pay Code			
P1800 ✓	PITNEY BOWES INC					W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 1026651132		12/31/202	12/22/202	01/17/202			198.00	0.00	0.00	198.00 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
P1800 PITNEY BOWES INC							198.00	0.00	0.00	198.00
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
✓ 4254		12/18/202	12/17/202	01/01/202			407.35	0.00	0.00	407.35 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
12708 POC ELECTRIC, LLC							407.35	0.00	0.00	407.35
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
✓ 123124		01/07/202	12/31/202	01/10/202			21.59	0.00	0.00	21.59 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
P2200 POWER HARDWARE							21.59	0.00	0.00	21.59
Vendor#	Vendor Name					Class	Pay Code			
10372 ✓	PRECISION DYNAMICS CORP (PDC)									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 9357861776		12/17/202	12/12/202	01/11/202			204.36	0.00	0.00	204.36 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
10372 PRECISION DYNAMICS CORP (PDC)							204.36	0.00	0.00	204.36
Vendor#	Vendor Name					Class	Pay Code			
11932 ✓	PRESS GANEY ASSOCIATES, INC.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ IN000685296		12/31/202	12/31/202	01/10/202			2,838.92	0.00	0.00	2,838.92 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11932 PRESS GANEY ASSOCIATES, INC.							2,838.92	0.00	0.00	2,838.92
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
27026		01/07/202	01/02/202	01/07/202			160.00	0.00	0.00	160.00 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	11251	RAPID PRINTING LLC					160.00	0.00	0.00	160.00
Vendor#	Vendor Name			Class	Pay Code					
S0900	SAMS CLUB DIRECT			W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112024		11/30/202	11/20/202	12/30/202			0.00	0.00	0.00	0.00
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	S0900	SAMS CLUB DIRECT					0.00	0.00	0.00	0.00
Vendor#	Vendor Name			Class	Pay Code					
S1850 ✓	SHIP SHUTTLE TAXI SERVICE			W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
103 ✓		01/01/202	11/11/202	01/07/202			71.00	0.00	0.00	71.00 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	S1850	SHIP SHUTTLE TAXI SERVICE					71.00	0.00	0.00	71.00
Vendor#	Vendor Name			Class	Pay Code					
10936 ✓	SIEMENS FINANCIAL SERVICES									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
56382500019763 ✓		01/09/202	12/30/202	01/10/202			1,333.33	0.00	0.00	1,333.33 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	10936	SIEMENS FINANCIAL SERVICES					1,333.33	0.00	0.00	1,333.33
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
116655604 ✓		12/31/202	12/24/202	01/10/202			3,507.72	0.00	0.00	3,507.72 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	S2001	SIEMENS MEDICAL SOLUTIONS INC					3,507.72	0.00	0.00	3,507.72
Vendor#	Vendor Name			Class	Pay Code					
10699 ✓	SIGN AD, LTD.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
308380 ✓		12/31/202	01/01/202	01/11/202			425.00	0.00	0.00	425.00 ✓
ADV LEASE 011525-021125										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	10699	SIGN AD, LTD.					425.00	0.00	0.00	425.00
Vendor#	Vendor Name			Class	Pay Code					
12472 ✓	SOMETHING MORE MEDIA, INC.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2230 ✓		12/31/202	12/24/202	01/08/202			2,525.00	0.00	0.00	2,525.00 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	12472	SOMETHING MORE MEDIA, INC.					2,525.00	0.00	0.00	2,525.00
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
1499704 ✓		12/31/202	12/20/202	12/25/202			60.50	0.00	0.00	60.50 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	12288	SPBS CLINICAL EQUIPMENT SRVC					60.50	0.00	0.00	60.50
Vendor#	Vendor Name			Class	Pay Code					
10094 ✓	ST DAVIDS HEALTHCARE									

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ MMCPL202410		12/31/202	12/03/202	01/07/202			375.00	0.00	0.00	375.00 ✓
		OCTOBER CONNECTIVITY FEE									
	✓ MMCPL202411		12/31/202	12/31/202	01/07/202			375.00	0.00	0.00	375.00 ✓
		NOVEMBER CONNECTIVITY FEE									
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
		10094 ST DAVIDS HEALTHCARE						750.00	0.00	0.00	750.00
Vendor#	Vendor Name										
10845	✓	STAPLES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 6020607358		12/17/202	12/31/202	01/08/202			140.46	0.00	0.00	140.46 ✓
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
		10845 STAPLES						140.46	0.00	0.00	140.46
Vendor#	Vendor Name										
S3940	✓	STERIS CORPORATION									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 13208075		12/31/202	12/17/202	01/11/202			218.40	0.00	0.00	218.40 ✓
	✓ 13179497		01/08/202	12/10/202	01/04/202			222.26	0.00	0.00	222.26 ✓
	✓ 13229580		01/08/202	12/20/202	01/14/202			105.11	0.00	0.00	105.11 ✓
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
		S3940 STERIS CORPORATION						545.77	0.00	0.00	545.77
Vendor#	Vendor Name										
14524	✓	SYSMEX AMERICA, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 95694793		01/08/202	12/26/202	12/17/202			527.44	0.00	0.00	527.44 ✓
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
		14524 SYSMEX AMERICA, INC.						527.44	0.00	0.00	527.44
Vendor#	Vendor Name										
10758	✓	TEXAS SELECT STAFFING, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 0024815		01/07/202	01/20/202	01/10/202			3,632.00	0.00	0.00	3,632.00 ✓
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
		10758 TEXAS SELECT STAFFING, LLC						3,632.00	0.00	0.00	3,632.00
Vendor#	Vendor Name										
11908	✓	TMS SOUTH									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ INV143342		12/18/202	12/10/202	01/09/202			415.20	0.00	0.00	415.20 ✓
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
		11908 TMS SOUTH						415.20	0.00	0.00	415.20
Vendor#	Vendor Name										
T3334	✓	TRINITY PHYSICS CONSULTING LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 036429		01/01/202	12/01/202	12/31/202			500.00	0.00	0.00	500.00 ✓
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
		T3334 TRINITY PHYSICS CONSULTING LLC						500.00	0.00	0.00	500.00
Vendor#	Vendor Name										
11002	✓	TRUSTAFF									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

✓ 2286627 12/27/202 12/19/202 01/10/202 1,056.00 0.00 0.00 1,056.00 ✓

Vendor Totals: Number Name Gross Discount No-Pay Net
11002 TRUSTAFF 1,056.00 0.00 0.00 1,056.00

Vendor# Vendor Name Class Pay Code
U1064 UNIFIRST HOLDINGS INC

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
✓ 2921049476 12/27/202 12/19/202 01/13/202 166.74 0.00 0.00 166.74 ✓
✓ 2921049477 12/27/202 12/19/202 01/13/202 2,561.43 0.00 0.00 2,561.43 ✓
✓ 2921049480 12/27/202 12/19/202 01/13/202 375.30 0.00 0.00 375.30 ✓
✓ 2921049483 12/27/202 12/19/202 01/13/202 132.09 0.00 0.00 132.09 ✓
✓ 2921049475 12/27/202 12/19/202 01/13/202 85.98 0.00 0.00 85.98 ✓
✓ 2921049478 12/27/202 12/19/202 01/13/202 83.60 0.00 0.00 83.60 ✓
✓ 2921049482 12/27/202 12/19/202 01/13/202 181.78 0.00 0.00 181.78 ✓
✓ 2921050002 12/27/202 12/23/202 01/17/202 162.14 0.00 0.00 162.14 ✓

Vendor Totals: Number Name Gross Discount No-Pay Net
U1064 UNIFIRST HOLDINGS INC 3,749.06 0.00 0.00 3,749.06

Vendor# Vendor Name Class Pay Code
12400 UPDOX LLC

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
✓ INV00549949 01/07/202 12/31/202 01/07/202 1,256.06 0.00 0.00 1,256.06 ✓

Vendor Totals: Number Name Gross Discount No-Pay Net
12400 UPDOX LLC 1,256.06 0.00 0.00 1,256.06

Vendor# Vendor Name Class Pay Code
V0552 VERATHON INC

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
✓ 81031458 12/18/202 12/21/203 01/12/202 529.75 0.00 0.00 529.75 ✓

Vendor Totals: Number Name Gross Discount No-Pay Net
V0552 VERATHON INC 529.75 0.00 0.00 529.75

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
✓ 0343876 12/31/202 12/31/202 01/07/202 29.00 0.00 0.00 29.00 ✓
123124

Vendor Totals: Number Name Gross Discount No-Pay Net
11280 VICTORIA ADVOCATE 29.00 0.00 0.00 29.00

Vendor# Vendor Name Class Pay Code
14612 WAGEWORKS

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net
✓ INV7214570 11/30/202 11/30/202 01/15/202 569.75 0.00 0.00 569.75 ✓
NOV. 2024

Vendor Totals: Number Name Gross Discount No-Pay Net
14612 WAGEWORKS 569.75 0.00 0.00 569.75

Vendor# Vendor Name Class Pay Code
12548 WAGEWORKS, INC

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

✓	1224TR116685	12/31/202 12/31/202 01/07/202	131.25	0.00	0.00	131.25	✓
DECEMBER							
Vendor Totals: Number Name			Gross	Discount	No-Pay	Net	
12548 WAGEWORKS, INC			131.25	0.00	0.00	131.25	

Vendor#	Vendor Name	Class	Pay Code
10556 ✓	WOUND CARE SPECIALISTS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓WCS00007095		12/31/202	12/01/202	01/17/202			5,975.00	0.00	0.00	5,975.00 ✓

Vendor Totals: Number Name			Gross	Discount	No-Pay	Net
10556 WOUND CARE SPECIALISTS			5,975.00	0.00	0.00	5,975.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	493,633.22	0.00	0.00	<u>493,633.22</u>

APPROVED ON

JAN 09 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 2071120 - 207250

493,633.22 +
20.50 -
1.01 -
493,613.73 =

Pg. 7 removed - wrong vendor
Pg. 9 removed credit - no invoice

RECEIVED BY THE
COUNTY AUDITOR ON

JAN 09

01/10/2025
11:21

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 01/17/2025
Class Pay Code

0
ap_open_invoice.template

Vendor# Vendor Name
13000 ✓ CLEARFLY

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ INV671475		01/10/202	01/07/202	01/07/202			20.50	0.00	0.00	20.50 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
13000	CLEARFLY	20.50	0.00	0.00	20.50

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	20.50	0.00	0.00	20.50

APPROVED ON

JAN 09 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ch# 207172

E

RUN DATE:01/13/25
TIME:14:25

MEMORIAL MEDICAL CENTER
CHECK REGISTER
01/15/25 THRU 01/15/25

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	207160	01/15/25	1,194.00	3WON, LLC
A/P	207161	01/15/25	1,400.00	ACUTE CARE INC
A/P	207162	01/15/25	3,287.55	AMAZON CAPITAL SERVICES
A/P	207163	01/15/25	155.00	AMERICAN PROFICIENCY INSTITUTE
A/P	207164	01/15/25	592.25	AMERISOURCEBERGEN DRUG CORP
A/P	207165	01/15/25	42.00	ANNOUNCEMENTS PLUS TOO AGAIN
A/P	207166	01/15/25	14,162.00	AVENO NETWORKS
A/P	207167	01/15/25	712.80	AZALEA HEALTH
A/P	207168	01/15/25	631.20	BAXTER HEALTHCARE
A/P	207169	01/15/25	1,170.32	BAYER HEALTHCARE
A/P	207170	01/15/25	496.50	BECTON, DICKINSON & CO (BD)
A/P	207171	01/15/25	2,482.12	BIO-RAD LABORATORIES, INC
A/P	207172	01/15/25	25.55	CALHOUN COUNTY
A/P	207173	01/15/25	597.46	CARDINAL HEALTH 414, INC.
A/P	207174	01/15/25	1,790.00	CAREFUSION SOLUTIONS, LLC
A/P	207175	01/15/25	391.57	CARESFIELD
A/P	207176	01/15/25	20.50	CLEARFLY
A/P	207177	01/15/25	33,946.77	CLINICAL PATHOLOGY LABS
A/P	207178	01/15/25	255.00	COASTAL REFRIGERATION
A/P	207179	01/15/25	501.72	COMBINED INSURANCE
A/P	207180	01/15/25	2,557.65	CORROHEALTH, INC.
A/P	207181	01/15/25	888.00	COURTNE THURLKILL
A/P	207182	01/15/25	496.50	COVIDIEN SALES LLC
A/P	207183	01/15/25	102.54	DEWITT POTH & SON
A/P	207184	01/15/25	3,173.03	ERBE USA INC SURGICAL SYSTEMS
A/P	207185	01/15/25	1,690.00	FASTHEALTH CORPORATION
A/P	207186	01/15/25	27,447.14	FIRETRON, INC
A/P	207187	01/15/25	.00	VOIDED
A/P	207188	01/15/25	4,085.22	FISHER HEALTHCARE
A/P	207189	01/15/25	96.40	FRONTIER
A/P	207190	01/15/25	1,764.19	FUSION CONNECT
A/P	207191	01/15/25	400.03	GRAINGER
A/P	207192	01/15/25	50.00	GULF COAST DELIVERY
A/P	207193	01/15/25	936.56	GULF COAST PAPER COMPANY
A/P	207194	01/15/25	285.60	HAMILTON MEDICAL, INC.
A/P	207195	01/15/25	3,400.00	HEALTH SOLUTIONS DIETETICS
A/P	207196	01/15/25	33.63	HENRY SCHEIN INC.
A/P	207197	01/15/25	573.53	HEWLETT-PACKARD
A/P	207198	01/15/25	102.18	HUMANA
A/P	207199	01/15/25	225.00	INJOY HEALTH EDUCATION
A/P	207200	01/15/25	310.00	INRAD
A/P	207201	01/15/25	41,685.69	ITA RESOURCES INC
A/P	207202	01/15/25	7,412.00	JAMES TELECO
A/P	207203	01/15/25	9,225.00	JINDAL X LLC
A/P	207204	01/15/25	895.00	M G TRUST
A/P	207205	01/15/25	95.33	M.C. JOHNSON COMPANY INC
A/P	207206	01/15/25	1,547.24	MCKESSON MEDICAL SURGICAL INC
A/P	207207	01/15/25	182.20	MEDI-DOSE, INC
A/P	207208	01/15/25	81.69	MEDICAL DATA SYSTEMS, INC.
A/P	207209	01/15/25	1,720.08	MEDICAL TECHNOLOGY ASSOCIATES

RUN DATE:01/13/25
TIME:14:25

MEMORIAL MEDICAL CENTER
CHECK REGISTER
01/15/25 THRU 01/15/25

PAGE 2
GLCKREG

BANK--CHECK-----				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	207210	01/15/25	.00	VOIDED
A/P	207211	01/15/25	.00	VOIDED
A/P	207212	01/15/25	11,380.89	MEDLINE INDUSTRIES INC
A/P	207213	01/15/25	35.00	MEMORIAL MEDICAL CLINIC
A/P	207214	01/15/25	35.95	MERCEDES SCIENTIFIC
A/P	207215	01/15/25	136.20	METTLER-TOLEDO RAININ, LLC
A/P	207216	01/15/25	.00	VOIDED
A/P	207217	01/15/25	.00	VOIDED
A/P	207218	01/15/25	.00	VOIDED
A/P	207219	01/15/25	.00	VOIDED
A/P	207220	01/15/25	64,349.35	MORRIS & DICKSON CO, LLC
A/P	207221	01/15/25	150.97	NACOGDOCHES TRANSCRIPTION
A/P	207222	01/15/25	1,000.00	NEXION HEALTH AT NAVASOTA INC
A/P	207223	01/15/25	209,670.62	NITOR E LLC
A/P	207224	01/15/25	198.00	PITNEY BOWES INC
A/P	207225	01/15/25	407.35	POC ELECTRIC, LLC
A/P	207226	01/15/25	21.59	POWER HARDWARE
A/P	207227	01/15/25	204.36	PRECISION DYNAMICS CORP (PDC)
A/P	207228	01/15/25	2,838.92	PRESS GANEY ASSOCIATES, INC.
A/P	207229	01/15/25	160.00	RAPID PRINTING LLC
A/P	207230	01/15/25	71.00	SHIP SHUTTLE TAXI SERVICE
A/P	207231	01/15/25	1,333.33	SIEMENS FINANCIAL SERVICES
A/P	207232	01/15/25	3,507.72	SIEMENS MEDICAL SOLUTIONS INC
A/P	207233	01/15/25	425.00	SIGN AD, LTD.
A/P	207234	01/15/25	2,525.00	SOMETHING MORE MEDIA, INC.
A/P	207235	01/15/25	60.50	SPBS CLINICAL EQUIPMENT SRVC
A/P	207236	01/15/25	750.00	ST DAVIDS HEALTHCARE
A/P	207237	01/15/25	140.46	STAPLES
A/P	207238	01/15/25	545.77	STERIS CORPORATION
A/P	207239	01/15/25	527.44	SYSMEX AMERICA, INC.
A/P	207240	01/15/25	3,632.00	TEXAS SELECT STAFFING, LLC
A/P	207241	01/15/25	415.20	TMS SOUTH
A/P	207242	01/15/25	500.00	TRINITY PHYSICS CONSULTING LLC
A/P	207243	01/15/25	1,056.00	TRUSTAFF
A/P	207244	01/15/25	3,749.06	UNIFIRST HOLDINGS INC
A/P	207245	01/15/25	1,256.06	UPDOX LLC
A/P	207246	01/15/25	529.75	VERATHON INC
A/P	207247	01/15/25	29.00	VICTORIA ADVOCATE
A/P	207248	01/15/25	569.75	WAGeworks
A/P	207249	01/15/25	131.25	WAGeworks, INC
A/P	207250	01/15/25	5,975.00	WOUND CARE SPECIALISTS
A/P	207251	01/15/25	2,722.30	BETHANY SENIOR LIVING
A/P	207252	01/15/25	2,472.51	BROADMOOR AT CREEKSIDE PARK
A/P	207253	01/15/25	69.42	FORTBEND HEALTHCARE CENTER
A/P	207254	01/15/25	12,074.73	GOLDENCREEK HEALTHCARE
A/P	207255	01/15/25	6,624.00	THE CRESCENT
A/P	207256	01/15/25	36,426.00	TUSCANY VILLAGE
TOTALS:			554,023.19	

APPROVED ON

JAN 15 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Pay.
Payables
NH Xfers

493,613.73	+
20.50	+
60,388.96	+
554,023.19	◇
554,023.19	◇

CITIBANK CORPORATE CARD

Account Statement

Commercial Card Account
ERIN CLEVINGER

Account Inquiries:

Toll Free: 1-(800)-248-4553
International: 1-(904)-954-7314
TDD/TTY: 1-(877)-505-7276

Account Number: XXXX-XXXX-XXXX-6228

Summary of Account Activity

Total Activity \$884.31

Send Notice of Billing Errors and Customer Service Inquiries to:
CITIBANK, N.A., PO BOX 6125, SIOUX FALLS SD 57117-6125

Not an invoice. For your records only.

Credit Limit \$20,000
Cash Advance Limit \$5,000
Statement Closing Date 01/03/2025
Days in Billing Period 31

Transactions

Pd. 1-16-25 Confirmation # DWR-03201576

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
***** NOTICE MEMO ITEM(S) LISTED BELOW *****					
12/18	12/17	9399	05134374353600095944119	1 NPDB NPDB.HRSA.GOV FAIRFAX VA N119242132	22033 USA 2.50 ✓
12/18	12/17	9399	05134374353600095944291	2 NPDB NPDB.HRSA.GOV FAIRFAX VA N119242387	22033 USA 27.50 ✓
12/18	12/17	9399	05134374353600095944374	3 NPDB NPDB.HRSA.GOV FAIRFAX VA N119249651	22033 USA 2.50 ✓
12/18	12/18	8999	55432864353200943116509	4 AMA*CREDENTIALING 800-621-8335 IL	60611 USA 44.00 ✓
12/18	12/18	8999	55432864353200943116624	5 AMA*CREDENTIALING 800-621-8335 IL	60611 USA 44.00 ✓
12/19	12/18	9399	05134374354600093415731	6 NPDB NPDB.HRSA.GOV FAIRFAX VA N119302778	22033 USA 2.50 ✓
12/19	12/19	8999	55432864354201311574385	7 AMA*CREDENTIALING 800-621-8335 IL	60611 USA 44.00 ✓
12/23	12/20	7392	05436844355200101418755	8 4TE*INQUISEEK SHREVEPORT LA	71104 USA 325.00 ✓
12/31	12/30	9399	05134374366600073628291	9 NPDB NPDB.HRSA.GOV FAIRFAX VA N119802546	22033 USA 52.50 ✓
01/02	12/31	5085	85140514366900017140741	10 REGIONAL STEEL PRODUCT VICTORIA TX	77905 USA 89.91 ✓
01/03	01/02	3592	55436875003150037759522	11 OMNI HOTELS OKLAHOMA CITYOK 15552684	73139 USA 249.90 ✓
				CHECK IN: 01/02/2025	
				15552684	
***** TOTAL AMOUNT OF MEMO ITEM(S): \$884.31					

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 2

CITIBANK, N.A.
PO BOX 6125
SIOUX FALLS SD 57117-6125Account Number XXXX-XXXX-XXXX-6228
Statement Closing Date January 03, 2025

APPROVED ON

JAN 09 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXASNot an invoice.
For your records only.ERIN CLEVINGER
202 S ANN ST., STE A
PORT LAVACA TX 77979-4204

00010079643

①

MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 1/7/2025

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Date Required		Expense #	Department	Deliver To		Form # 9401
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		NPDB - 1 Provider Enroll			✓ 2.50
2	—		NPDB - 11 Provider Renewal			✓ 27.50
3	—		NPDB - 1 Provider Enroll			✓ 2.50
4	—		AMA Credentialing - 1 Physician			✓ 44.00
5			Initial + Cont Monitoring			
6	—		AMA Credentialing - 1 Physician			✓ 44.00
7			Initial + Cont Monitoring			
8	—		NPDB - 1 Provider Enroll			✓ 2.50
9	—		AMA Credentialing - 1 Physician			✓ 44.00
10			Init + Cont Monitoring			

Est. Freight _____

Est. Total Cost _____

TOTAL COST _____

NOTES:

charges to Erin's MC

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

Dept. Director
Dir. Nursing
Dir. Clinical Services
CFO
Administrator <u>Erin Chandler</u>

2

MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 1/7/2025

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Date Required		Expense #	Department	Deliver To		Form # 9401
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	-		4TE Inquireseek - Registration			✓ 325.00
2		2 * 50 +	for Marissa Almanzar to			
		27 * 50 +	attend RHC Workshop 2/6-7/25			
3		2 * 50 +				
		44 * 00 +	NPDB - 21 Physician Renewal			✓ 58.50
4	-	44 * 00 +	Regional Steel Products -			✓ 89.91
		2 * 50 +	Maintenance Dept.			
5	-	44 * 00 +	Omni Hotels - Hotel Deposit			✓ 249.90
		325 * 00 +	for Erin Cleverger's Reservation			
6		52 * 50 +	for NARHC 2025 Spring Conf.			
		89 * 91 +	March 16-19, 2025			
7	-	249 * 90 +	Oklahoma City			
		884 * 31 +				
8						
9						
10						

Est. Freight _____

Est. Total Cost _____

TOTAL COST \$884.31

NOTES:

charges to Erin's MC

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

Dept. Director	_____
Dir. Nursing	_____
Dir. Clinical Services	_____
CFO	_____
Administrator	<u>Erin Cleverger</u>

McKESSON

STATEMENT

As of: 01/10/2025

Page: 002

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory:

Customer: 632536
Date: 01/10/2025

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

As of: 01/10/2025 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 01/10/2025 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account 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: 1,479.01 USD

Future Due: 0.00

If Paid By 01/14/2025,
Pay This Amount:

1,449.41 USD

Due If Paid On Time:
USD

1,449.41

Past Due: 0.00

Disc lost if paid late:

29.60

Last Payment 2,451.97
08/07/2017

If Paid After 01/14/2025,
Pay this Amount:

1,479.01 USD

Due If Paid Late:
USD

1,479.01

1,266.82 +
28.76 +
136.77 +
17.06 +
1,449.41

APPROVED ON
JAN 13 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON**STATEMENT**

As of: 01/10/2025

Page: 001

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

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 01/10/2025

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

As of: 01/10/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 01/10/2025 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
01/04/2025	01/14/2025	7542930334	218027069	115Invoice	5.26	262.98		257.72	✓	7542930334	
01/06/2025	01/14/2025	7543169308	214366480	115Invoice	1.64	81.86		80.22	✓	7543169308	
01/07/2025	01/14/2025	7543422074	214366480	115Invoice	0.34	16.86		16.52	✓	7543422074	
01/08/2025	01/14/2025	7543679402	215102283	115Invoice	0.34	16.86		16.52	✓	7543679402	
01/09/2025	01/14/2025	7543960903	215102283	115Invoice	0.34	16.86		16.52	✓	7543960903	
01/09/2025	01/14/2025	7543960904	216280350	115Invoice	17.95	897.27		879.32	✓	7543960904	

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: 1,292.69 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,121.14
01/06/2025

If Paid By 01/14/2025,
Pay This Amount:

1,266.82 USD

If Paid After 01/14/2025,
Pay this Amount:

1,292.69 USD

Due If Paid On Time:

USD 1,266.82

Disc lost if paid late:

25.87

Due If Paid Late:

USD 1,292.69

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

McKESSON

STATEMENT

As of: 01/10/2025

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 820405
Date: 01/10/2025

As of: 01/10/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 PLEASE CHECK ANY
Date: 01/10/2025 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 820405 HEB PHCY WHSE/MEM MED PHS											
01/08/2025	01/14/2025	7543768429	B2501-055-186416	115Invoice	0.59	29.35		28.76	✓	7543768429	

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:

29.35 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,121.14
01/06/2025

If Paid By 01/14/2025,
Pay This Amount:

28.76 USD

If Paid After 01/14/2025,
Pay this Amount:

29.35 USD

Due If Paid On Time:

USD 28.76

Disc lost if paid late:

0.59

Due If Paid Late:

USD 29.35

APPROVED ON

JAN 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please ^{<>}contact 800-867-0333

McKESSON

STATEMENT

As of: 01/10/2025

Page: 001

Company: 8000

CVS PHCY 8923/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835434
Date: 01/10/2025

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

As of: 01/10/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434 PLEASE CHECK ANY
Date: 01/10/2025 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835434 CVS PHCY 8923/MEM MC PHS												
01/08/2025	01/14/2025	7543538843		3795366	115Invoice	2.79	139.56		136.77	✓	7543538843	

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

TOTAL: Customer Number 835434 CVS PHCY 8923/MEM MC PHS

Subtotals: 139.56 USD

Future Due: 0.00

If Paid By 01/14/2025,
Pay This Amount:

136.77 USD

Due If Paid On Time:
USD

136.77

Past Due: 0.00

Disc lost if paid late:

2.79

Last Payment 1,121.14
01/06/2025

If Paid After 01/14/2025,
Pay this Amount:

139.56 USD

Due If Paid Late:
USD

139.56

APPROVED ON

JAN 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON**STATEMENT**

As of: 01/10/2025

Page: 001

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

Company: 8000

CVS PHCY 7416/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835437
Date: 01/10/2025

As of: 01/10/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 PLEASE CHECK ANY
Date: 01/10/2025 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835437 CVS PHCY 7416/MEM MC PHS											
01/08/2025	01/14/2025	7543717249	3793465	115Invoice	0.35	17.41		17.06	✓	7543717249	

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

TOTAL: Customer Number 835437 CVS PHCY 7416/MEM MC PHS

Subtotals: 17.41 USD

Future Due: 0.00

If Paid By 01/14/2025,
Pay This Amount:

17.06 USD

Due If Paid On Time:
USD

17.06

Past Due: 0.00

Disc lost if paid late:

0.35

Last Payment 1,121.14
01/06/2025

If Paid After 01/14/2025,
Pay this Amount:

17.41 USD

Due If Paid Late:
USD

17.41

APPROVED ON

JAN 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333



STATEMENT

Statement Number: 68956154
Date: 01-10-2025

1 of 1

Served By:

AMERISOURCEBERGEN DRUG CORP
12727 W. AIRPORT BLVD.
SUGAR LAND TX 77478-6101DEA: 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:	2,575.05
Past Due:	0.00
Total Due:	2,575.05
Account Balance:	2,575.05

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
01-06-2025	01-17-2025	3201451280	7008585308	Invoice	6.27		0.00	6.27
01-06-2025	01-17-2025	3201451281	7008595116	Invoice	464.66		0.00	464.66
01-06-2025	01-17-2025	3201451282	7008595116	Invoice	1.47		0.00	1.47
01-06-2025	01-17-2025	3201451283	7008605098	Invoice	6.72		0.00	6.72
01-06-2025	01-17-2025	3201451284	7008605098	Invoice	6.18		0.00	6.18
01-09-2025	01-17-2025	3201944902	7008631476	Invoice	69.01		0.00	69.01
01-10-2025	01-17-2025	3202094700	7008640944	Invoice	2,020.74		0.00	2,020.74

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
2,575.05	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
01-10-2025	(104.56)

APPROVED ON

JAN 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
01-17-2025	2,575.05
Total Due:	2,575.05

Served 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:	80.71
Past Due:	0.00
Total Due:	80.71
Account Balance:	80.71

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
01-06-2025	01-17-2025	3201438169	7008595714	Invoice	33.24		0.00	33.24
01-06-2025	01-17-2025	3201438541	7008604639	Invoice	12.82		0.00	12.82
01-06-2025	01-17-2025	3201517770	7008613724	Invoice	5.15		0.00	5.15
01-07-2025	01-17-2025	3201676782	7008621216	Invoice	1.65		0.00	1.65
01-08-2025	01-17-2025	3201837790	7008631325	Invoice	21.05		0.00	21.05
01-09-2025	01-17-2025	3201995180	7008639273	Invoice	6.80		0.00	6.80

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
80.71	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON

JAN 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
01-17-2025	80.71
Total Due:	80.71



TOLL FREE PHONE NUMBER: 1-800-555-3453

(EFTPS TUTORIAL SYSTEM: 1-800-572-8683)

☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	#### ENTER: ###																		
☐ "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"	★ 24																		
☐ "ENTER 2-DIGIT TAX FILING ENDING MONTH" 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	★ 03																		
☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN" "1 TO CONFIRM" "ENTER W/CENTS AMOUNT OF SOCIAL SECURITY" "ENTER W/CENTS AMOUNT OF MEDICARE" "ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	★ <table border="1"><tr><td>\$</td><td>111,734.94</td><td>#</td></tr><tr><td></td><td>1</td><td></td></tr><tr><td>0</td><td>\$</td><td>59,741.76</td><td>#</td></tr><tr><td></td><td>\$</td><td>13,971.80</td><td>#</td></tr><tr><td></td><td>\$</td><td>38,021.38</td><td>#</td></tr></table>	\$	111,734.94	#		1		0	\$	59,741.76	#		\$	13,971.80	#		\$	38,021.38	#
\$	111,734.94	#																	
	1																		
0	\$	59,741.76	#																
	\$	13,971.80	#																
	\$	38,021.38	#																
☐ "6-DIGIT SETTLEMENT DATE" "1 TO CONFIRM"	★ 1																		
☐ ACKNOWLEDGEMENT NUMBER																			
CALLED IN BY:																			
CALLED IN DATE:																			
CALLED IN TIME:																			

REVISED 3/18/2014

1/13/2025

Run Date: 01/10/25
Time: 17:34

MEMORIAL MEDICAL CENTER
Payroll Register (Bi-Weekly)
Pay Period 12/27/24 - 01/09/25 Run# 1

Page 110
P2REG

Final Summary

-- Pay Code Summary -----							*-- Deductions Summary -----*			
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code	Amount
1	REGULAR PAY-S1	8966.50	N	N	N			208639.78	A/R	275.00
1	REGULAR PAY-S1	1506.00	N	N	N	N		76694.56	ADVANC	AWARDS
1	REGULAR PAY-S1	216.50	N	N	Y			8410.90	BOOTS	CAFE H
1	REGULAR PAY-S1	213.00	Y	N	N			7081.01	CAFE-2	CAFE-3
2	REGULAR PAY-S2	2227.25	N	N	N			62078.78	CAFE-5	CAFE-C
2	REGULAR PAY-S2	242.25	N	N	Y			11420.07	CAFE-F	CAFE-H
2	REGULAR PAY-S2	81.50	Y	N	N			2928.32	CAFE-L	CAFE-P
3	REGULAR PAY-S3	1332.75	N	N	N			45800.80	CHILD	570.63
3	REGULAR PAY-S3	229.50	N	N	Y			12166.33	CREDUN	DD ADV
3	REGULAR PAY-S3	96.00	Y	N	N			4832.08	DEP-LF	DIS-LF
4	CALL BACK PAY	8.00	N	1	N	N	Y	485.00	EATCSH	FEDTAX
4	CALL BACK PAY	4.00	N	2	N	N	Y	235.08	FICA-O	FIRSTC
4	CALL BACK PAY	2.00	N	3	N	N	Y	94.81	FLX FE	FORT D
C	CALL PAY	2479.50	N	1	N	N		4959.00	GIFT S	370.39
D	DOUBLE TIME	6.25	N	1	N	N		603.25	GTL	HOSP-I
D	DOUBLE TIME	12.50	N	2	N	N		1201.60	ID TFT	IRSTAX
D	DOUBLE TIME	16.25	N	3	N	N		1547.00	LEGAL	241.90
E	EXTRA WAGES		N	N	N	N		58.92	MEVIS	MISC
E	EXTRA WAGES		N	1	N	N	N	1377.50	MMCSHR	MOOACC
F	FUNERAL LEAVE	20.00	N	1	N	N		1099.40	MOOIND	563.50
I	INSERVICE	5.75	N	1	N	N		86.25	MOOVIS	821.52
K	EXTENDED-ILLNESS-BANK	309.00	N	1	N	N		9152.37	PHI	PHI***
P	PAID-TIME-OFF	88.00	N	N	N	N		3682.40	RELAY	REPAY
P	PAID-TIME-OFF	1727.00	N	1	N	N		51655.98	SCRUBS	SIGNON
X	CALL PAY 2	170.00	N	1	N	N		340.00	STONDF	895.00
Y	YMCA/CURVES		N	N	N	N		15.00	STUDEN	SUNACC
Z	CALL PAY 3	96.00	N	1	N	N		288.00	SUNIND	SUNLIF
p	PAID TIME OFF - PROBATION	82.00	N	1	N	N		1486.39	SUNVIS	SURCHG
									TSA-2	TSA-C
									TSA-R	35649.86
									UN/HOS	

*----- Grand Totals: 20237.50 ----- (Gross: 518420.58 Deductions: 159323.23 Net: 359097.35)
| Checks Count:- FT 201 PT 11 Other 43 Female 226 Male 28 Credit OverAmt 11 ZeroNet Term Total: 254 |

MSL

CRNO	GRPHO	LOONO	EMPNO	DEPNO	CIMPR	CIMNO	CIMSVF	CHKIT	AMT	CLMPT	PAYE	PAYTO	CUGCD	CUGTY	FIRSTNAME	LASTNAME	CODE	VOID	FRMDAT	THURDAT	PRVNO
3962	76351	3	35	1	2024	362000255	0	1/6/2025	\$63,232.11	1	1 DETAR HEALTHCARE SYSTEM	P	434	189	O CHRISTOPHER	JIMENEZ	OHS	F	12/17/2024	12/17/2024	621754940
3963	76351	3	36	0	2024	366000652	0	1/6/2025	\$13.37	1	1 SINGLETON ASSOCIATES PA	P	189	177	O CARL	KING	ERD	F	12/16/2024	12/16/2024	741680498
3964	76351	3	65	0	2024	366000634	0	1/6/2025	\$45.00	1	1 JACKSON COUNTY MEDICAL CLINIC OF EDNA	P	177	189	O YESSENIA	GRANADOS	OV	F	12/18/2024	12/18/2024	741738475
3965	76351	3	42	5	2024	365001099	0	1/6/2025	\$60.46	1	1 SINGLETON ASSOCIATES PA	P	189	360	O DAYAN	MARTINEZ	ERD	F	12/14/2024	12/14/2024	741680498
3966	76351	3	21	1	2024	365001105	0	1/6/2025	\$65.89	1	1 PORT LAVACA CLINIC	P	189	360	O WESTON	WYGRYS	POV	F	12/23/2024	12/23/2024	742605670
3967	76351	3	43	2	2024	365000754	0	1/6/2025	\$153.60	1	1 ESS OF PORT LAVACA LLC	P	189	457	O AIDEN CONNOR	MCLELLAND	ERD	F	11/22/2024	11/22/2024	815248556
3976	76360	2	72	0	2024	362000726	0	1/6/2025	\$265.55	1	1 TMH PHYSICIAN ASSOCIATES, PLLC	P	457	434	O ROBERT	RODRIGUEZ	OV5	F	12/20/2024	12/20/2024	300520570
3977	76360	3	81	0	2024	362000237	0	1/6/2025	\$7,267.72	1	1 CITIZENS MEDICAL CENTER COUNTY OF	P	434	189	O CHRISTY	SILVAS	OHS	F	9/24/2024	9/24/2024	741698143
3978	76360	3	3	0	2024	365000065	0	1/6/2025	\$12.38	1	1 DIAGNOSTIC IMAGING ASSOCIATES, PA	P	189	181	O NONMA	ESCOBAR	ERD	F	11/19/2024	11/19/2024	760686474
3979	76360	3	52	0	2024	365001125	0	1/6/2025	\$13.79	1	1 SINGLETON ASSOCIATES PA	P	181	457	O DEBRA	MUSTERED	XRAY	F	12/6/2024	12/6/2024	741680498
3980	76360	3	107	0	2024	361001423	0	1/6/2025	\$16.38	1	1 VICTORIA EYE CENTER	P	457	457	O STACY	FARMER	OV5	F	10/1/2024	10/1/2024	742208337
3982	76360	3	2	0	2024	366000625	0	1/6/2025	\$52.05	1	1 GARY F COX MD PA	P	457	457	O BERNICE	AGUILAR	OV5	F	12/19/2024	12/19/2024	742068224
3983	76360	3	13	0	2024	365000548	0	1/6/2025	\$55.89	1	1 SCOTT P. STEIN, D.O., P.A.	P	457	177	O JENNIFER	CARLOCK	OV5	F	12/18/2024	12/18/2024	742861393
3984	76360	3	10	0	2024	362000704	0	1/6/2025	\$65.89	1	1 PORT LAVACA CLINIC ASSOCIATES	P	177	177	O FELICITA	BONUZ	OV	F	12/20/2024	12/20/2024	742605670
3985	76360	3	42	0	2024	365000118	0	1/6/2025	\$66.31	1	1 GREATER HOUSTON INTERVENTIONAL	P	177	177	O BRIANNE	KEY	OV	F	11/15/2024	11/15/2024	202341026
3990	76360	3	32	1	2024	366000627	0	1/6/2025	\$103.07	1	1 JACKSON COUNTY MEDICAL CLINIC OF EDNA	P	177	177	O CHALEY	HAMILTON	OV	F	12/17/2024	12/17/2024	741738475
3993	76360	3	21	1	2024	365001117	0	1/6/2025	\$132.01	1	1 PORT LAVACA CLINIC ASSOCIATES	P	172	457	O JEFFREY	DUCKWORTH	AB	F	12/23/2024	12/23/2024	742605670
3995	76360	3	28	0	2024	365000126	0	1/6/2025	\$139.58	1	1 AMIRALI S POPATIA MD	P	457	457	O SOCORRO	GONZALES	OV5	F	9/4/2024	9/4/2024	760599320
3996	76360	3	28	0	2024	365001131	0	1/6/2025	\$139.58	1	1 AMIRALI S POPATIA MD	P	457	457	O SOCORRO	GONZALES	OV5	F	12/2/2024	12/2/2024	760599320
3997	76360	3	33	0	2024	361001454	0	1/6/2025	\$172.35	1	1 TMH PHYSICIAN ASSOCIATES, PLLC	P	177	177	O SAVANNAH	HARLEY	OV	F	12/20/2024	12/20/2024	300520570
3999	76360	3	21	1	2024	366000650	0	1/6/2025	\$203.85	1	1 VICTORIA NEPHROLOGY ASSOCIATES	P	466	176	O JEFFREY	DUCKWORTH	DI	F	11/20/2024	11/20/2024	453050693
4000	76360	3	92	0	2024	366000614	0	1/6/2025	\$318.75	1	1 CITIZENS MEDICAL PROFESSIONALS	P	176	432	O SYLVIA	VARGAS	AO	F	12/11/2024	12/11/2024	471158090
4003	76360	3	32	0	2024	365000129	0	1/6/2025	\$867.74	1	1 PROFICIO SURGICAL ASSISTANTS LLC	P	432	485	O JACOB	HAMILTON	TO	F	10/31/2024	10/31/2024	471208933
4005	76360	3	28	0	2024	366000753	0	1/6/2025	\$1,100.40	1	1 HOUSTON METHODIST SUGAR LAND HOSPITAL	P	485	434	O SOCORRO	GONZALES	INLM	F	12/12/2024	12/12/2024	760545192
4009	76370	3	27	0	2024	362000246	0	1/6/2025	\$8,636.10	1	1 CITIZENS MEDICAL CENTER COUNTY OF	P	434	483	O REGINA	ZAMORA	OHS	F	9/4/2024	9/4/2024	741698143
4010	76370	3	22	0	2024	361000949	0	1/6/2025	\$7.98	1	1 CITIZENS MEDICAL PROFESSIONALS	P	483	189	O LAUAN	WILKE	ODK	F	12/16/2024	12/16/2024	471158090
4011	76370	3	31	0	2024	365001085	0	1/6/2025	\$10.70	1	1 SINGLETON ASSOCIATES PA	P	189	188	O IRMA	VEGA	ERD	F	12/14/2024	12/14/2024	741680498
4012	76370	3	22	0	2024	362000658	0	1/6/2025	\$482.90	1	1 CHELIF JUNIOR MD	P	188		O LAUAN	WILKE	HV	F	12/12/2024	12/12/2024	471158090

\$83,801.40

8

APPROVED ON

JAN 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Jan 6, 2025 - Jan 12, 2025

Date	Bank Description
1/6/2025	PAY PLUS ACHTrans 50298969 10100069458940 P
1/6/2025	HPHG LLC MEMOR PREM MemMedCtr Ptlav 11312265
1/6/2025	IRS USATAXPYMT 270540613272772 6103601002196
1/6/2025	FDMS FOMS PYMT 052-2182557-000 4100012423815
1/6/2025	FDMS FOMS PYMT 052-2182545-000 4100012423815
1/6/2025	FDMS FOMS PYMT 052-1601830-000 4100012421374
1/6/2025	FDMS FOMS PYMT 052-2000500-000 4100012422821
1/7/2025	PAY PLUS ACHTrans 50552515 101000696078105 P
1/7/2025	MCKESSON DRUG AUTO ACH ACH06333320 9100000136
1/8/2025	PAY PLUS ACHTrans 50784653 101000697544952 P
1/9/2025	PAY PLUS ACHTrans 50829508 101000698856708 P
1/10/2025	STATE COMPTLR TEXNET 08527164/50109 21000002
1/10/2025	PAY PLUS ACHTrans 51107344 10100069982666 P
1/10/2025	AMERISOURCE BERG PAYMENTS 0100007768 21000002
1/10/2025	TSYS/TRANSFIRST MERCHANT FEES 39300982541616 61
1/10/2025	TSYS/TRANSFIRST MERCHANT FEES 41399801332385 61
1/10/2025	TSYS/TRANSFIRST MERCHANT FEES 41399801368397 61
1/10/2025	TSYS/TRANSFIRST MERCHANT FEES 41399801332419 61
1/10/2025	TSYS/TRANSFIRST MERCHANT FEES 41399801332401 61
1/10/2025	TSYS/TRANSFIRST MERCHANT FEES 41399801332393 61

Steve Brock, CFO
Memorial Medical Center

January 13, 2025
* Approved on 12.30.24 cc
* * Approved on 01.08.25 cc

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT - ESTIMATED ACHS

Date	Description
	209,618.65 +
	76,640.27 -
	115,097.42 -
	1,121.14 -
	9,063.24 -
	104.56 -
	7,592.02 +
	7,592.02 -
	0.00 +

Steve Brock, CFO
Memorial Medical Center

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

January 13, 2025

APPROVED ON
JAN 13 2025

Amount	CPSI "Handwritten" Check" #
93.12	901515
76,640.27	800653
115,097.42	800564
181.77	901516
45.64	901517
32.45	901518
75.67	901519
101.40	901520
1,121.14	550662
0.33	
81.40	
9,063.24	
315.60	
104.56	
2,428.22	
266.41	
122.87	
1,146.47	
2,420.33	
209,618.65	

93,12 +
101,40 +
0,33 +
81,40 +
315,60 +
591,85 +
181,77 +
45,64 +
32,45 +
75,67 +
335,53 +
2,428,22 +
290,34 +
266,41 +
112,87 +
1,146,47 +
2,420,33 +
6,664,64 +
591,85 +
335,53 +
6,664,64 +
7,592,02 +

Amount
0.00

**Transaction Summary**

Transaction Complete
Trace #

**Texas Health and Human Services Commission
Memorial Medical Center Operating County**

Payment Total	\$9,063.24
Bank Routing and Account Number	
Settlement Date	1/10/2025
HARP Non-State Amount	\$9,063.24
Entered By	Michelle Cumberland

[illegible]

From: HHSC PFD HARP Payments [mailto:HHSCPFDHARPPayments@hhs.texas.gov]

Sent: Wednesday, January 08, 2025 11:28 AM

To: Steve Brock <sbrock@mmcportlavaca.com>; Michelle Cumberland <mcumberland@mmcportlavaca.com>; Erin Clevenger <EClevenger@mmcportlavaca.com>; Andrew DeLosSantos <adelosantos@mmcportlavaca.com>

Cc: HHSC PFD HARP Payments <HHSCPFDHARPPayments@hhs.texas.gov>; Toland, Jandi (HHSC) <jandi.Toland@hhs.texas.gov>

Subject: HARP IGT - Memorial Medical Center TPI#137909111

Importance: High

[WARNING-Remote attachments, VERIFY SENDER]

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi,

HHSC has completed a review of the state share of funds submitted via intergovernmental transfer (IGT) from governmental entities for the Hospital Augmented Reimbursement Program (HARP) First Half Year 4, Federal Fiscal Year (FFY) 2025, Public & Private payments and found a shortfall in the amount of the state share needed to fully fund the First Half of this year's HARP payments. When the state share required to fully fund HARP program payments is short, the payment amount for all participating providers in the program is reduced. We would like to fully fund all payments to the HARP providers.

Governmental Entities that do not send in IGT for the HARP First Half Year 4 payments are effectively not participating in the HARP during FFY 2025 which may impact meeting the conditions of participation for the DSH and UC programs during State Fiscal Year (SFY) 2025.

Given the HARP program is short, HHSC can allow an additional day for IGT. If you would like to participate and submit your IGT, please have the settlement date be no later than 1/9/2025. Please reference the suggested IGT file on our website linked [here](#).

Please let us know if there are plans to submit IGT or if there will not be participation in HARP!

Tonika Wade
HHSC Provider Finance Payments
Texas Health and Human Services Commission
North Austin Complex
P.O. Box 149030, Mail Code H-400
4601 Guadalupe St

Plan	Start Date	EE Per Pay Cost	ER Per Pay Cost
2025 Heath Equity Health Savings Account	1/1/2025	\$0.00	\$25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$0.00	\$25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$30.00	\$25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$0.00	\$25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$0.00	\$25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$0.00	\$25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$137.00	\$25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$0.00	\$25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$25.00	\$25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$0.00	\$25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$0.00	\$25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$50.00	\$25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$0.00	\$25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$0.00	\$25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$50.00	\$25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$0.00	\$25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$25.00	\$25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$175.00	\$25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$0.00	\$25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$50.00	\$25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$10.00	\$25.00
		\$552.00	\$525.00
	Total	\$1,077.00	

RECEIVED BY THE
COUNTY AUDITOR ON

JAN 09 2025

01/09/2025
12:22

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Due Dates Through: 01/18/2025

Vendor# Vendor Name CALHOUN COUNTY, TEXAS

Class Pay Code

11820 FORTBEND HEALTHCARE CENTER

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
010225		01/06/202	01/02/202	01/18/202			69.42	0.00	0.00	69.42

ins. pmt. dep. into mmc opt in error

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11820	FORTBEND HEALTHCARE CENTER	69.42	0.00	0.00	69.42

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	69.42	0.00	0.00	69.42

APPROVED ON

JAN 09 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 207253

RECEIVED BY THE
COUNTY AUDITOR ON

01/09/2025
12:22

JAN 09 2025

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 01/18/2025

0
ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

11832 BROADMOOR AT CREEKSIDE PARK

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
010225		01/06/202	01/02/202	01/18/202			2,355.51	0.00	0.00	2,355.51
010225A		01/06/202	01/02/202	01/18/202			333.54	0.00	0.00	333.54
010725		01/09/202	01/07/202	01/18/202			117.00	0.00	0.00	117.00
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11832 BROADMOOR AT CREEKSIDE PARK							2,806.05	0.00	0.00	2,806.05

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,806.05	0.00	0.00	2,806.05

2,472.51

APPROVED ON

JAN 09 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 207252

RECEIVED BY THE
COUNTY AUDITOR ON

JAN 09 2025

MEMORIAL MEDICAL CENTER

01/09/2025

12:22

AP Open Invoice List

0

ap_open_invoice.template

CALHOUN COUNTY, TEXAS

Due Dates Through: 01/18/2025

Vendor# Vendor Name

Class Pay Code

11824 THE CRESCENT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
123024		01/06/202	12/30/202	01/18/202			1,224.00	0.00	0.00	1,224.00
010325	ins. pmt. dep. into mmc acct. in error	01/09/202	01/03/202	01/18/202			5,400.00	0.00	0.00	5,400.00

Vendor Totals: Number Name
11824 THE CRESCENT

Gross	Discount	No-Pay	Net
6,624.00	0.00	0.00	6,624.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	6,624.00	0.00	0.00	6,624.00

APPROVED ON

JAN 09 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 207255

RECEIVED BY THE
COUNTY AUDITOR ON

JAN 09 2025

01/09/2025

12:22

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 01/18/2025

0

ap_open_invoice.template

Vendor# Vendor Name **CALHOUN COUNTY, TEXAS**

Class Pay Code

11836 GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 123024A		01/06/202	12/30/202	01/18/202			2,856.00	0.00	0.00	2,856.00 ✓
✓ 123024B		01/06/202	12/30/202	01/18/202			2,121.68	0.00	0.00	2,121.68 ✓
✓ 123024		01/06/202	12/30/202	01/18/202			440.92	0.00	0.00	440.92 ✓
✓ 010325B		01/09/202	01/03/202	01/18/202			356.13	0.00	0.00	356.13 ✓
✓ 010325A		01/09/202	01/03/202	01/18/202			770.00	0.00	0.00	770.00 ✓
✓ 010325		01/09/202	01/03/202	01/18/202			5,530.00	0.00	0.00	5,530.00 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE	12,074.73	0.00	0.00	12,074.73

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	12,074.73	0.00	0.00	12,074.73

APPROVED ON

JAN 09 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CH# 207254

JAN 09 2025

MEMORIAL MEDICAL CENTER

01/09/2025

AP Open Invoice List

0

12:23

CALHOUN COUNTY, TEXAS

Due Dates Through: 01/18/2025

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
✓ 010225A		01/06/202	01/02/202	01/18/202			1,010.00	0.00	0.00	1,010.00 ✓
✓ 010225	ins pmt dep into mmc opt in error	01/06/202	01/02/202	01/18/202			14,400.00	0.00	0.00	14,400.00 ✓
✓ 010325A	"	01/09/202	01/03/202	01/18/202			816.00	0.00	0.00	816.00 ✓
✓ 010325	"	01/09/202	01/03/202	01/18/202			11,615.00	0.00	0.00	11,615.00 ✓
✓ 010625	"	01/09/202	01/06/202	01/18/202			8,585.00	0.00	0.00	8,585.00 ✓

Vendor Totals: Number

Name

Gross

Discount

No-Pay

Net

13004

TUSCANY VILLAGE

36,426.00

0.00

0.00

36,426.00

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

36,426.00

0.00

0.00

36,426.00

APPROVED ON

JAN 09 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 207256

JAN 09 2025

01/09/2025

12:37

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 01/18/2025

0

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

12792 ✓ BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 123024		01/06/202	12/30/202	01/18/202			1,200.62	0.00	0.00	1,200.62 ✓
✓ 123024A	ins. pmt dep into mmic opt in error	01/06/202	12/30/202	01/18/202			215.49	0.00	0.00	215.49 ✓
✓ 010625	"	01/09/202	01/06/202	01/18/202			865.90	0.00	0.00	865.90 ✓
✓ 010825	"	01/09/202	01/08/202	01/18/202			106.75	0.00	0.00	106.75 ✓
✓ 010225A	"	01/09/202	01/25/202	01/18/202			333.54	0.00	0.00	333.54 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
12792 BETHANY SENIOR LIVING							2,722.30	0.00	0.00	2,722.30

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,722.30	0.00	0.00	2,722.30

APPROVED ON

JAN 09 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 207251

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
1/13/2025

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		127,852.89	114,847.70	15,983.80		28,988.99	15,983.80

Bank Balance
Variance

Leave in Balance 100.00

Routing Information for Ashford Gardens:

QIP YS FINAL ADJ PAYMENT 12,288.36

Ashford Health Care Center Ltd Co
JP Morgan Chase Bank

Oct Interest 261.76
Nov Interest 200.45
Dec Interest 154.62

Adjust Balance/Transfer Amt 15,983.80

Broadmoor

107,282.53 101,471.20 18,842.02

Bank Balance 24,653.35
Variance 24,653.35

Leave in Balance 100.00

QIP YS FINAL ADJ PAYMENT 5,087.24

Oct Interest 224.43
Nov Interest 212.92
Dec Interest 186.74

Adjust Balance/Transfer Amt 18,842.02

Crescent

101,874.26 92,164.12 85,969.23

Bank Balance 95,679.37
Variance 95,679.37

Leave in Balance 100.00

QIP YS FINAL ADJ PAYMENT 4,084.75

Claim Payment Owed to Tuscany 4,650.00
Claim Payment Owed to Tuscany 10,160.89
Claim Payment Owed to Tuscany 500.00
Claim Payment Owed to Tuscany 35,688.00
Oct Interest 301.56
Nov Interest 307.68
Dec Interest 266.15

Adjust Balance/Transfer Amt 39,620.34

Fort Bend

27,074.20 21,797.93 2,100.00

Bank Balance 7,376.27
Variance 7,376.27

Leave in Balance 100.00

QIP YS FINAL ADJ PAYMENT 4,967.39

Oct Interest 99.67
Nov Interest 56.37
Dec Interest 52.84

Adjust Balance/Transfer Amt 2,100.00

Solara at W Houston

170,437.60 164,935.77 20,373.72

Bank Balance 25,875.55
Variance 25,875.55

Leave in Balance 100.00

QIP YS FINAL ADJ PAYMENT 4,818.68

Oct Interest 282.48
Nov Interest 177.12
Dec Interest 123.55

Adjust Balance/Transfer Amt 20,373.72

15,983.80 +
18,842.02 +
39,620.34 +
20,373.72 +
94,819.88

at West Houston / Fort Bend / Broadmoor

APPROVED ON

JAN 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOTAL TRANSFERS 94,819.88

Approved: Steve Brock, CFO

1/13/2025

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.

Ashford Gardens

1/9/2025 MANAGEANDNET1718 MNS PMNT 00000000000093 41
 1/9/2025 HNB - ECHO HCCLAIMPMT 746003411 440000273914
 1/8/2025 WIRE OUT ASHFORD HEALTH CARE CENTER LTD
 1/8/2025 Deposit
 1/6/2025 HNB - ECHO HCCLAIMPMT 746003411 440000232689

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
-	412.50	-	-	-	-	-	412.50
-	5,907.06	-	-	-	-	-	5,907.06
114,847.70	-	-	-	-	-	-	-
-	6,120.00	-	-	-	-	-	6,120.00
-	3,544.24	-	-	-	-	-	3,544.24
114,847.70	15,983.80	-	-	-	-	-	15,983.80

Broadmoor

1/10/2025 HNB - ECHO HCCLAIMPMT 746003411 440000212438
 1/9/2025 HNB - ECHO HCCLAIMPMT 746003411 440000273903
 1/8/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III
 1/8/2025 Deposit
 1/8/2025 HNB - ECHO HCCLAIMPMT 746003411 440000236520
 1/8/2025 HNB - ECHO HCCLAIMPMT 746003411 440000236832

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2, 3 & 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
-	653.14	-	-	-	-	-	653.14
-	4,949.50	-	-	-	-	-	4,949.50
101,471.20	-	-	-	-	-	-	-
-	7,869.88	-	-	-	-	-	7,869.88
-	420.00	-	-	-	-	-	420.00
-	4,949.50	-	-	-	-	-	4,949.50
101,471.20	18,842.02	-	-	-	-	-	18,842.02

Crescent

1/8/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III
 1/8/2025 Deposit
 1/8/2025 HNB - ECHO HCCLAIMPMT 746003411 440000236832
 1/8/2025 UnitedHealthcare HCCLAIMPMT 746003411 124384
 1/7/2025 DEVOTED HEALTH P HCCLAIMPMT 21000025004784
 1/6/2025 HNB - ECHO HCCLAIMPMT 746003411 440000232689
 1/6/2025 DEVOTED HEALTH P HCCLAIMPMT 21000023885816

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2, 3 & 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
92,164.12	-	-	-	-	-	-	-
-	5,712.00	-	-	-	-	-	5,712.00
-	830.83	-	-	-	-	-	830.83
-	6,970.00	-	-	-	-	-	6,970.00
-	35,688.00	-	-	-	-	-	35,688.00
-	36,268.40	-	-	-	-	-	36,268.40
-	500.00	-	-	-	-	-	500.00
92,164.12	85,969.23	-	-	-	-	-	85,969.23

Fort Bend

1/8/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III
 1/8/2025 Deposit

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2, 3 & 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
21,797.93	-	-	-	-	-	-	-
-	2,100.00	-	-	-	-	-	2,100.00
21,797.93	2,100.00	-	-	-	-	-	2,100.00

Solara at West Houston

1/8/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III
 1/8/2025 Deposit
 1/7/2025 HNB - ECHO HCCLAIMPMT 746003411 440000294343
 1/7/2025 HUMANA INS CO HCCLAIMPMT 65836587 8300005017

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2, 3 & 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
164,935.77	-	-	-	-	-	-	-
-	16,898.32	-	-	-	-	-	16,898.32
-	710.40	-	-	-	-	-	710.40
-	2,765.00	-	-	-	-	-	2,765.00
164,935.77	20,373.72	-	-	-	-	-	20,373.72
TOTALS		-	-	-	-	-	143,268.77

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$972,021.23	\$1,613,760.79	\$972,021.23	\$724,997.82
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$28,988.99	✓ \$30,233.17	\$28,988.99	\$28,988.99
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$24,653.35	✓ \$25,626.48	\$24,653.35	\$24,000.21
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$95,679.37	✓ \$97,311.37	\$95,679.37	\$95,679.37
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$25,875.55	✓ \$25,875.55	\$25,875.55	\$25,875.55
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$7,376.27	✓ \$7,376.27	\$7,376.27	\$7,376.27
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$155,957.93	\$159,032.93	\$155,957.93	\$155,957.93
*4551 CAL CO INDIGENT HEALTHCARE	\$9,695.56	\$9,695.56	\$9,695.56	\$9,695.56
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$1,764.86	\$2,401.55	\$1,764.86	\$1,764.86
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$110.63	\$110.63	\$110.63	\$110.63
*5506 MMC -NH BETHANY SENIOR LIVING	\$159,803.98	\$159,803.98	\$159,803.98	\$158,604.13
*3407 MMC -NH TUSCANY VILLAGE	\$153,948.76	\$186,293.63	\$153,948.76	\$150,387.08
*2998 MMC -MONEY MARKET FUND	\$2,058,288.95	\$2,058,288.95	\$2,058,288.95	\$2,058,288.95
*7168 MEMORIAL MEDICAL CENTER - LOCKBOX MONEY MKT	\$39.70	\$39.70	\$39.70	\$39.70
Total Balance	\$3,694,205.13	\$4,375,850.56	\$3,694,205.13	\$3,441,767.05

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
1/13/2025

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		245,143.52	235,891.23	146,705.64		155,957.93	146,705.64
					Bank Balance Variance	155,957.93	
					Leave in Balance	100.00	
					QIP YS FINAL ADJ PAYMENT	8,758.66	
					Oct Interest	155.49	
					Nov Interest	123.57	
					Dec Interest	114.57	
					Adjust Balance/Transfer Amt	146,705.64	

Routing Information for Golden Creek:
Nexion Health at Golden Creek
Wells Fargo Bank, N.A.

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: 
Steve Brock, CFO

1/13/2025

APPROVED ON

JAN 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek

1/9/2025 Am Health TX PAYMENT 21531 84307030016550
 1/8/2025 WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC
 1/8/2025 Deposit
 1/8/2025 TSYS/TRANSFIRST CR CD DEP 543684555876917 43
 1/8/2025 GOLDENCREEKHEALT MERC DEP 1220356 9100001261
 1/7/2025 GOLDENCREEKHEALT MERC DEP 1220356 9100001487
 1/7/2025 GOLDENCREEKHEALT MERC DEP 1220356 9100001487
 1/6/2025 TSYS/TRANSFIRST CR CD DEP 543684555876917 43
 1/6/2025 GOLDENCREEKHEALT MERC DEP 1220356 9100001578

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	12,500.00					-	12,500.00
235,891.23	-					-	-
-	107,155.15					-	107,155.15
-	3,200.00					-	3,200.00
-	8,928.57					-	8,928.57
-	2,608.92					-	2,608.92
-	1,251.00					-	1,251.00
-	10,587.00					-	10,587.00
-	475.00					-	475.00
235,891.23	146,705.64	-	-	-	-	-	146,705.64

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$972,021.23	\$1,613,760.79	\$972,021.23	\$724,997.82
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$28,988.99	\$30,233.17	\$28,988.99	\$28,988.99
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$24,653.35	\$25,626.48	\$24,653.35	\$24,000.21
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$95,679.37	\$97,311.37	\$95,679.37	\$95,679.37
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$25,875.55	\$25,875.55	\$25,875.55	\$25,875.55
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$7,376.27	\$7,376.27	\$7,376.27	\$7,376.27
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$155,957.93 ✓	\$159,032.93	\$155,957.93	\$155,957.93
*4551 CAL CO INDIGENT HEALTHCARE	\$9,695.56	\$9,695.56	\$9,695.56	\$9,695.56
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$1,764.86	\$2,401.55	\$1,764.86	\$1,764.86
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$110.63	\$110.63	\$110.63	\$110.63
*5506 MMC -NH BETHANY SENIOR LIVING	\$159,803.98	\$159,803.98	\$159,803.98	\$158,604.13
*3407 MMC -NH TUSCANY VILLAGE	\$153,948.76	\$186,293.63	\$153,948.76	\$150,387.08
*2998 MMC -MONEY MARKET FUND	\$2,058,288.95	\$2,058,288.95	\$2,058,288.95	\$2,058,288.95
*7168 MEMORIAL MEDICAL CENTER - LOCKBOX MONEY MKT	\$39.70	\$39.70	\$39.70	\$39.70
Total Balance	\$3,694,205.13	\$4,375,850.56	\$3,694,205.13	\$3,441,767.05

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
1/13/2025

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
Gulf Pointe Plaza- Private Pay		935.17	-	829.69			1,764.86	no transfer
						Bank Balance	1,764.86	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	1,664.86	
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
Gulf Pointe Plaza-Medicare/Medicaid		110.63	-	-			110.63	
						Bank Balance	110.63	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	10.63	
TOTAL TRANSFERS							1,675.49	

Routing Information for Gulf Pointe Plaza:

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: 
Steve Brock, CFO 1/13/2025

APPROVED ON
JAN 13 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

1/9/2025 HNB - ECHO HCCLAIMPMT 746003411 440000273499
 1/7/2025 HNB - ECHO HCCLAIMPMT 746003411 440000294343

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
-	151.48					-	151.48
-	678.21					-	678.21
-						-	-
-						-	-
-	829.69	-	-	-	-	-	829.69

Gulf Pointe Plaza-Medicare/Medicaid

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
-						-	-
-						-	-
-						-	-
-	829.69	-	-	-	-	-	829.69

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$972,021.23	\$1,613,760.79	\$972,021.23	\$724,997.82
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$28,988.99	\$30,233.17	\$28,988.99	\$28,988.99
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$24,653.35	\$25,626.48	\$24,653.35	\$24,000.21
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$95,679.37	\$97,311.37	\$95,679.37	\$95,679.37
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$25,875.55	\$25,875.55	\$25,875.55	\$25,875.55
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$7,376.27	\$7,376.27	\$7,376.27	\$7,376.27
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$155,957.93	\$159,032.93	\$155,957.93	\$155,957.93
*4551 CAL CO INDIGENT HEALTHCARE	\$9,695.56	\$9,695.56	\$9,695.56	\$9,695.56
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$1,764.86	✓ \$2,401.55	\$1,764.86	\$1,764.86
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$110.63	✓ \$110.63	\$110.63	\$110.63
*5506 MMC -NH BETHANY SENIOR LIVING	\$159,803.98	\$159,803.98	\$159,803.98	\$158,604.13
*3407 MMC -NH TUSCANY VILLAGE	\$153,948.76	\$186,293.63	\$153,948.76	\$150,387.08
*2998 MMC -MONEY MARKET FUND	\$2,058,288.95	\$2,058,288.95	\$2,058,288.95	\$2,058,288.95
*7168 MEMORIAL MEDICAL CENTER - LOCKBOX MONEY MKT	\$39.70	\$39.70	\$39.70	\$39.70
Total Balance	\$3,694,205.13	\$4,375,850.56	\$3,694,205.13	\$3,441,767.05

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
1/13/2025

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		371,713.04	371,613.04	153,848.76	-	-	153,948.76	153,848.76
						Bank Balance Variance	153,948.76	
						Leave in Balance	100.00	

Adjust Balance/Transfer Amt 153,848.76

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

Approved: SS
Steve Brock, CFO 1/13/2025

APPROVED ON
JAN 13 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Tuscany Village

1/10/2025 HNB - ECHO HCCLAIMPMT 746003411 440000212438
 1/9/2025 HNB - ECHO HCCLAIMPMT 746003411 440000273920
 1/8/2025 WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE
 1/8/2025 Deposit
 1/8/2025 HNB - ECHO HCCLAIMPMT 746003411 440000236832
 1/8/2025 HNB - ECHO HCCLAIMPMT 746003411 440000236832
 1/7/2025 HNB - ECHO HCCLAIMPMT 746003411 440000294448
 1/7/2025 NOVITAS SOLUTION HCCLAIMPMT 676201 420000131
 1/6/2025 HNB - ECHO HCCLAIMPMT 746003411 440000232689
 1/6/2025 HNB - ECHO HCCLAIMPMT 746003411 440000232689

Transfer-Out

Transfer-In

MMC PORTION				
QIPP/Comp 1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp 3	QIPP/Comp 4&Lapse	QIPP TI

NH PORTION

-	3,561.68	-	-	-	3,561.68
-	15,838.42	-	-	-	15,838.42
371,613.04	-	-	-	-	-
-	90,001.48	-	-	-	90,001.48
-	968.34	-	-	-	968.34
-	7,919.21	-	-	-	7,919.21
-	989.90	-	-	-	989.90
-	15,709.67	-	-	-	15,709.67
-	8,961.05	-	-	-	8,961.05
-	9,899.01	-	-	-	9,899.01
-	-	-	-	-	-
371,613.04	153,848.76	-	-	-	153,848.76

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$972,021.23	\$1,613,760.79	\$972,021.23	\$724,997.82
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$28,988.99	\$30,233.17	\$28,988.99	\$28,988.99
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$24,653.35	\$25,626.48	\$24,653.35	\$24,000.21
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$95,679.37	\$97,311.37	\$95,679.37	\$95,679.37
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$25,875.55	\$25,875.55	\$25,875.55	\$25,875.55
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$7,376.27	\$7,376.27	\$7,376.27	\$7,376.27
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$155,957.93	\$159,032.93	\$155,957.93	\$155,957.93
*4551 CAL CO INDIGENT HEALTHCARE	\$9,695.56	\$9,695.56	\$9,695.56	\$9,695.56
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$1,764.86	\$2,401.55	\$1,764.86	\$1,764.86
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$110.63	\$110.63	\$110.63	\$110.63
*5506 MMC -NH BETHANY SENIOR LIVING	\$159,803.98	\$159,803.98	\$159,803.98	\$158,604.13
*3407 MMC -NH TUSCANY VILLAGE	\$153,948.76	\$186,293.63	\$153,948.76	\$150,387.08
*2998 MMC -MONEY MARKET FUND	\$2,058,288.95	\$2,058,288.95	\$2,058,288.95	\$2,058,288.95
*7168 MEMORIAL MEDICAL CENTER - LOCKBOX MONEY MKT	\$39.70	\$39.70	\$39.70	\$39.70
Total Balance	\$3,694,205.13	\$4,375,850.56	\$3,694,205.13	\$3,441,767.05

Memorial Medical Center
Nursing Home UPL
Weekly HSL Transfer
Prosperity Accounts
1/13/2025

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		266,731.10	266,392.98	159,465.86			159,803.98	159,465.86
						Bank Balance	159,803.98	
						Variance		
						Leave in Balance	100.00	
						Oct Interest	80.97	
						Nov Interest	54.54	
						Dec Interest	102.61	

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 159,465.86

Approved: 
Steve Brock, CFO

1/13/2025

APPROVED ON
JAN 13 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Lavaca Bay Nursing and Rehab

1/10/2025 CENTENE CORP HCCLAIMPMT 53101127584537
 1/9/2025 HNB - ECHO HCCLAIMPMT 746003411 440000273903
 1/8/2025 WIRE OUT PORT LAVACA NH, LLC
 1/8/2025 Deposit
 1/8/2025 HNB - ECHO HCCLAIMPMT 746003411 440000236832
 1/8/2025 CENTENE CORP HCCLAIMPMT 53101122338004
 1/7/2025 HNB - ECHO HCCLAIMPMT 746003411 440000294486
 1/6/2025 HNB - ECHO HCCLAIMPMT 746003411 440000232689
 1/6/2025 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2
 1/6/2025 CENTENE CORP HCCLAIMPMT 53101126778403

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
-	1,199.85	-	-	-	-	-	1,199.85
-	187.06	-	-	-	-	-	187.06
266,392.98	-	-	-	-	-	-	-
-	100,812.60	-	-	-	-	-	100,812.60
-	245.10	-	-	-	-	-	245.10
-	737.01	-	-	-	-	-	737.01
-	1,369.09	-	-	-	-	-	1,369.09
-	340.83	-	-	-	-	-	340.83
-	16,320.00	-	-	-	-	-	16,320.00
-	38,254.32	-	-	-	-	-	38,254.32
266,392.98	159,465.86	-	-	-	-	-	159,465.86

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$972,021.23	\$1,613,760.79	\$972,021.23	\$724,997.82
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$28,988.99	\$30,233.17	\$28,988.99	\$28,988.99
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$24,653.35	\$25,626.48	\$24,653.35	\$24,000.21
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$95,679.37	\$97,311.37	\$95,679.37	\$95,679.37
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$25,875.55	\$25,875.55	\$25,875.55	\$25,875.55
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$7,376.27	\$7,376.27	\$7,376.27	\$7,376.27
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$155,957.93	\$159,032.93	\$155,957.93	\$155,957.93
*4551 CAL CO INDIGENT HEALTHCARE	\$9,695.56	\$9,695.56	\$9,695.56	\$9,695.56
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$1,764.86	\$2,401.55	\$1,764.86	\$1,764.86
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$110.63	\$110.63	\$110.63	\$110.63
*5506 MMC -NH BETHANY SENIOR LIVING	\$159,803.98 ✓	\$159,803.98	\$159,803.98	\$158,604.13
*3407 MMC -NH TUSCANY VILLAGE	\$153,948.76	\$186,293.63	\$153,948.76	\$150,387.08
*2998 MMC -MONEY MARKET FUND	\$2,058,288.95	\$2,058,288.95	\$2,058,288.95	\$2,058,288.95
*7168 MEMORIAL MEDICAL CENTER - LOCKBOX MONEY MKT	\$39.70	\$39.70	\$39.70	\$39.70
Total Balance	\$3,694,205.13	\$4,375,850.56	\$3,694,205.13	\$3,441,767.05

MEMORIAL MEDICAL CENTER CHECK REQUEST

P

Tuscany Village

Date Requested:

1/13/2025

A

Y

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APPROVED ON

JAN 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK # 000381

FOR ACCT USE ONLY

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

AMOUNT:

\$

10,160.89 ✓

G/L NUMBER:

21400007

EXPLANATION:

Claim pymnts owed from Crescent to Tuscany

REQUESTED BY:

Caitlin Clevenger

AUTHORIZED BY: ✓

[Signature]

MEMORIAL MEDICAL CENTER CHECK REQUEST

P

Tuscany Village

Date Requested:

1/13/2025

A

Y

E

E

APPROVED ON

JAN 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 000380

FOR ACCT USE ONLY

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

AMOUNT:

\$

500.00

G/L NUMBER:

21400007

EXPLANATION:

Claim pymnts owed from Crescent to Tuscany

REQUESTED BY:

Caitlin Clevenger

AUTHORIZED BY:

83

MEMORIAL MEDICAL CENTER CHECK REQUEST

P

Tuscany Village

Date Requested:

1/13/2025

A

Y

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APPROVED ON

JAN 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK#000879

FOR ACCT USE ONLY

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

AMOUNT:

\$

35,688.00

G/L NUMBER:

21400007

EXPLANATION:

Claim pymnts owed fromCrescent to Tuscany

REQUESTED BY:

Caitlin Clevenger

AUTHORIZED BY:

[Signature]

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000381

Date 1-16-25 88-2265/1131

PAY

TO THE
ORDER OFTuscany Village\$ 10,160. ⁸⁹/₁₀₀Ten thousand, one hundred sixty dollars ⁸⁹/₁₀₀

DOLLARS

PROSPERITY
BANK

FOR

Claim

County Treasurer

MP

County Auditor
Security features are
included. Details on back.

MP

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000380

Date 1-16-25 88-2265/1131

PAY

TO THE
ORDER OFTuscany Village\$ 500. ⁰⁰/₁₀₀Five hundred dollars ⁰⁰/₁₀₀

DOLLARS

PROSPERITY
BANK

FOR

Claim

County Auditor

MP

County Treasurer
Security features are
included. Details on back.

MP

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000379

Date 1-16-25 88-2265/1131

PAY

TO THE
ORDER OFTuscany Village\$ 35,688. ⁰⁰/₁₀₀Thirty five thousand, six hundred eighty-eight dollars ⁰⁰/₁₀₀

DOLLARS

PROSPERITY
BANK

FOR

County Auditor

MP

County Treasurer
Security features are
included. Details on back.

8

RUN DATE:01/16/25
TIME:12:27

MEMORIAL MEDICAL CENTER
CHECK REGISTER
01/16/25 THRU 01/16/25

PAGE 1
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHC 000379 01/16/25 35,688.00 TUSCANY VILLAGE
NHC 000380 01/16/25 500.00 TUSCANY VILLAGE
NHC 000381 01/16/25 10,160.89 TUSCANY VILLAGE
TOTALS: 46,348.89