MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---February 12, 2025

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	975,987.35
TOTAL TRANSFERS BETWEEN FUNDS	$	614,927.72
TOTAL NURSING HOME UPL EXPENSES	$	404,410.23
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED February 12, 2025	$	1,995,325.30

APPROVED

FEB 12 2025

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---February 12, 2025

PAYABLES AND PAYROLL			
2/6/2025	Weekly Payables	332,733.14	
2/6/2025	Radcom	900.00	
2/10/2025	Reed, Clayton, Meeker & Harget - Critical	5,950.00	
2/10/2025	Frontier - Critical	66.07	
2/10/2025	Republic Services - Critical	2,397.32	
2/10/2025	Mutual of Omaha - Critical	24,435.16	
2/10/2025	Siemens Medical Solutions INC - Critical	5,959.67	
2/10/2025	FedEx - Critical	189.25	
2/10/2025	McKesson-340B Prescription Expense	7,859.52	
2/10/2025	Amerisource Bergen-340B Prescription Expense	4,762.90	
2/10/2025	Amerisource Bergen-340B Prescription Expense	2,008.34	
2/10/2025	Payroll Liabilities-Payroll Taxes	118,492.43	
2/10/2025	Payroll	375,998.04	
2/10/2025	Health Equity - Wage Works employee FSA	5,848.75	
	Prosperity Electronic Bank Payments		
2/10/2025	90 Degree Benefits - employee insurance claims	85,750.53	
2/10/2025	Credit Card Interchange	150.11	
2/10/2025	Pay Plus-Patient Claims Processing Fee	499.62	
2/10/2025	Authnet Gateway	27.10	
2/10/2025	Credit Card Processing Fee	172.54	
2/10/2025	Credit Card Lease Fee	335.53	
2/10/2025	Credit Card Discount Fee	339.33	
2/10/2025	Health Equity -HSA Contributions	1,112.00	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 975,987.35**
TRANSFERS BETWEEN FUNDS-MMC			
2/10/2025	Transfer from Nexbank to Operating Account	500,000.00	
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
2/6/2025	MMC Operating to The Crescent-Correction of insurance payment deposited into MMC Operating in error	2,604.00	
2/6/2025	MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	19,567.50	
2/6/2025	MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	41,607.00	
2/6/2025	MMC Operating to Bethany-Correction of insurance payment deposited into MMC Operating in error	16,237.96	
2/6/2025	MMC Operating to Cantex Health Care Centers-Correction of insurance payment deposited into MMC Operating	34,911.26	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 614,927.72**
NURSING HOME UPL EXPENSES			
2/10/2025	Nursing Home UPL-Cantex Transfer	60,109.55	
2/10/2025	Nursing Home UPL-Nexion Transfer	148,078.58	
2/10/2025	Nursing Home UPL-Tuscany Transfer	122,762.86	
2/10/2025	Nursing Home UPL-HSL Transfer	52,302.12	
QIPP CHECKS TO MMC			
2/10/2025	Broadmoor -QIPP Y7 ADJ 1	1,668.40	
2/10/2025	Crescent - QIPP Y7 ADJ 1	1,370.05	
2/10/2025	Fort Bend - QIPP Y7 ADJ 1	1,538.33	
2/10/2025	Solera - QIPP Y7 ADJ 1	1,512.52	
2/10/2025	Tuscany - QIPP Y7 ADJ 1	2,967.82	
TRANSFER OF FUNDS BETWEEN NURSING HOMES			
2/10/2025	Crescent to Tuscany -Tuscany insurance payment deposited into Crescent in error	2,500.00	
2/10/2025	Crescent to Tuscany -Tuscany insurance payment deposited into Crescent in error	9,600.00	
TOTAL NURSING HOME UPL EXPENSES			**$ 404,410.23**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED February 12, 2025			**$ 1,995,325.30**

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 02/20/2025

Vendor#	Vendor Name	Class	Pay Code
10950	ACUTE CARE INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV2185		02/05/202	02/20/202	02/20/202			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
A1680	AIRGAS USA, LLC - CENTRAL DIV	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9157464064		01/27/202	01/20/202	02/14/202			3,316.29	0.00	0.00	3,316.29

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	3,316.29	0.00	0.00	3,316.29

Vendor#	Vendor Name	Class	Pay Code
14028	AMAZON CAPITAL SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1FJL3HKD69H4		01/01/202	12/19/202	02/14/202			228.10	0.00	0.00	228.10
1YWVDDVD4N9F		01/01/202	01/18/202	02/17/202			118.96	0.00	0.00	118.96
1L1Q1GRCF4W3		01/22/202	01/16/202	02/15/202			1,053.99	0.00	0.00	1,053.99
1K4NV3QRG36Q		01/27/202	01/20/202	02/19/202			363.87	0.00	0.00	363.87

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	1,764.92	0.00	0.00	1,764.92

Vendor#	Vendor Name	Class	Pay Code
15456	AMERITEX ELEVATOR SERVICES INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
20251202	Maintenance	02/03/202	02/01/202	02/03/202			750.00	0.00	0.00	750.00

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

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
15340		01/31/202	02/01/202	02/16/202			4,000.00	0.00	0.00	4,000.00
15351		01/31/202	02/02/202	02/17/202			850.00	0.00	0.00	850.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11247	AVENO NETWORKS	4,850.00	0.00	0.00	4,850.00

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
114060		02/05/202	02/01/202	02/01/202			712.80	0.00	0.00	712.80

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
16000	BANESTER SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
123534		02/03/202	12/17/202	02/04/202			800.00	0.00	0.00	800.00

Vendor Totals: Number 16000 Name BANESTER SERVICES

Gross	Discount	No-Pay	Net
800.00	0.00	0.00	800.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
111795564		01/22/202	01/13/202	02/14/202			5,655.51	0.00	0.00	5,655.51
4563004		01/29/202	01/21/202	02/15/202			1,484.00	0.00	0.00	1,484.00
5498305		01/29/202	01/21/202	02/15/202			1,935.15	0.00	0.00	1,935.15
111813974		01/29/202	01/22/202	02/16/202			54.47	0.00	0.00	54.47
5498513		02/03/202	01/25/202	02/19/202			1,337.05	0.00	0.00	1,337.05

Vendor Totals: Number B1220 Name BECKMAN COULTER INC

Gross	Discount	No-Pay	Net
10,466.18	0.00	0.00	10,466.18

Vendor# 13972 Vendor Name BEYER MECHANICAL LTD Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN046390		02/03/202	01/28/202	02/03/202			1,867.08	0.00	0.00	1,867.08

Vendor Totals: Number 13972 Name BEYER MECHANICAL LTD

Gross	Discount	No-Pay	Net
1,867.08	0.00	0.00	1,867.08

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
907928707		02/04/202	01/15/202	01/29/202			1,114.19	0.00	0.00	1,114.19

Vendor Totals: Number 11072 Name BIO-RAD LABORATORIES, INC

Gross	Discount	No-Pay	Net
1,114.19	0.00	0.00	1,114.19

Vendor# 14753 Vendor Name BIOMERIEUX, INC Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1213413022		01/15/202	12/31/202	02/14/202			10,228.02	0.00	0.00	10,228.02

Vendor Totals: Number 14753 Name BIOMERIEUX, INC

Gross	Discount	No-Pay	Net
10,228.02	0.00	0.00	10,228.02

Vendor# 14120 Vendor Name CALHOUN COUNTY EMS Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
202412		12/31/202	12/01/202	02/20/202			4,400.00	0.00	0.00	4,400.00

Vendor Totals: Number 14120 Name CALHOUN COUNTY EMS

Gross	Discount	No-Pay	Net
4,400.00	0.00	0.00	4,400.00

Vendor# 14064 Vendor Name CAPITAL ONE Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
011925		02/06/202	01/19/202	02/06/202			982.44	0.00	0.00	982.44

Vendor Totals: Number 14064 Name CAPITAL ONE

Gross	Discount	No-Pay	Net
982.44	0.00	0.00	982.44

Vendor# Vendor Name Class Pay Code

10541 CARESFIELD

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
200028992		01/22/202	01/17/202	02/16/202			34.80	0.00	0.00	34.80

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10541	CARESFIELD	34.80	0.00	0.00	34.80

Vendor# C1992 Vendor Name: CDW GOVERNMENT, INC. Class: M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
AC1WV5C		01/15/202	12/28/202	02/14/202			181.85	0.00	0.00	181.85
AC4EW7V		02/04/202	01/20/202	02/19/202			6,911.90	0.00	0.00	6,911.90

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.	7,093.75	0.00	0.00	7,093.75

Vendor# 16020 Vendor Name: CIHQ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10400		02/03/202	01/09/202	01/24/202			5,950.00	0.00	0.00	5,950.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16020	CIHQ	5,950.00	0.00	0.00	5,950.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
011625C		01/31/202	01/16/202				268.72	0.00	0.00	268.72
011625	1016 N. Virginia St.	01/31/202	01/16/202	02/03/202			201.74	0.00	0.00	201.74
011625A	101 N. Virginia St.	01/31/202	01/16/202	02/03/202			85.60	0.00	0.00	85.60
011625B	815 N. Virginia St.	01/31/202	01/16/202	02/03/202			7,308.91	0.00	0.00	7,308.91

815 N. Virginia St.

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1730	CITY OF PORT LAVACA	7,864.97	0.00	0.00	7,864.97

Vendor# 13000 Vendor Name: CLEARFLY Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV680027	Feb. 2025	01/31/202	02/01/202	02/15/202			1,232.71	0.00	0.00	1,232.71

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13000	CLEARFLY	1,232.71	0.00	0.00	1,232.71

Vendor# C1166 Vendor Name: COASTAL OFFICE SOLUTONS Class: W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
OEQT296431		01/27/202	12/27/202	01/06/202			2,353.82	0.00	0.00	2,353.82
OEQT298941		01/27/202	01/13/202	01/23/202			586.97	0.00	0.00	586.97

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE SOLUTONS	2,940.79	0.00	0.00	2,940.79

Vendor# 11030 Vendor Name: COMBINED INSURANCE Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
013125		01/31/202	01/31/202	02/03/202			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# 15116 — Vendor Name: COMPUGROUP MEDICAL - EMDS INC. — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9090095765		02/05/202	01/31/202	02/05/202			50,574.72	0.00	0.00	50,574.72

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
15116	COMPUGROUP MEDICAL - EMDS INC.	50,574.72	0.00	0.00	50,574.72

Vendor# 10043 — Vendor Name: CROSS COUNTRY STAFFING — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7490924		01/27/202	01/17/202	02/16/202			3,040.00	0.00	0.00	3,040.00
7498052		02/03/202	01/24/202	02/03/202			1,160.00	0.00	0.00	1,160.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10043	CROSS COUNTRY STAFFING	4,200.00	0.00	0.00	4,200.00

Vendor# 10006 — Vendor Name: CUSTOM ASSEMBLIES, INC — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV14163		01/29/202	01/21/202	01/29/202			210.00	0.00	0.00	210.00
INV14162		01/29/202	01/21/202	02/20/202			400.66	0.00	0.00	400.66

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10006	CUSTOM ASSEMBLIES, INC	610.66	0.00	0.00	610.66

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7760240		01/15/202	11/27/202	02/14/202			36.90	0.00	0.00	36.90
7810570		01/29/202	01/22/202	02/16/202			419.36	0.00	0.00	419.36
7810761		02/04/202	01/23/202	02/17/202			86.76	0.00	0.00	86.76
7810571		02/04/202	01/23/202	02/17/202			507.60	0.00	0.00	507.60

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10368	DEWITT POTH & SON	1,050.62	0.00	0.00	1,050.62

Vendor# 12904 — Vendor Name: DSHS - VITAL STATISTICS — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
020525		02/05/202	02/05/202	02/05/202			58.00	0.00	0.00	58.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12904	DSHS - VITAL STATISTICS	58.00	0.00	0.00	58.00

Vendor# 15832 — Vendor Name: EVERON — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
157639007		01/31/202	01/02/202	02/01/202			58.43	0.00	0.00	58.43

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
15832	EVERON	58.43	0.00	0.00	58.43

Vendor# F1400 — Vendor Name: FISHER HEALTHCARE — Class: M — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8288762		01/29/202	01/21/202	02/15/202			43.88	0.00	0.00	43.88
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
F1400	FISHER HEALTHCARE						43.88	0.00	0.00	43.88

Vendor# 11183 — Vendor Name: FRONTIER — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
011925		01/31/202	01/19/202	02/03/202			140.80	0.00	0.00	140.80
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
11183	FRONTIER						140.80	0.00	0.00	140.80

Vendor# 12636 — Vendor Name: FUSION CONNECT — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1029333692		02/03/202	01/16/202	02/15/202			1,750.26	0.00	0.00	1,750.26
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
12636	FUSION CONNECT						1,750.26	0.00	0.00	1,750.26

Vendor# 11078 — Vendor Name: FUSION MEDICAL STAFFING, LLC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV792934		02/03/202	12/31/202	01/25/202			2,780.50	0.00	0.00	2,780.50
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
11078	FUSION MEDICAL STAFFING, LLC						2,780.50	0.00	0.00	2,780.50

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
584309388812		02/05/202	01/17/202	02/01/202			5,041.35	0.00	0.00	5,041.35
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
11149	GBS ADMINISTRATORS, INC						5,041.35	0.00	0.00	5,041.35

Vendor# 12404 — Vendor Name: GE PRECISION HEALTHCARE, LLC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6002846457		01/22/202	01/01/202	02/14/202			1,044.26	0.00	0.00	1,044.26
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
12404	GE PRECISION HEALTHCARE, LLC						1,044.26	0.00	0.00	1,044.26

Vendor# G1876 — Vendor Name: GOLDEN CRESCENT RAC — Class: IMP — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
011725	2025 RAC ANNUAL MEMBERSHIP	02/03/202	01/22/202	02/06/202			1,000.00	0.00	0.00	1,000.00
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
G1876	GOLDEN CRESCENT RAC						1,000.00	0.00	0.00	1,000.00

Vendor# W1300 — Vendor Name: GRAINGER — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9370074818		02/04/202	01/13/202	02/07/202			178.86	0.00	0.00	178.86
9370074826		02/04/202	01/13/202	02/07/202			1,205.47	0.00	0.00	1,205.47
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
W1300	GRAINGER						1,384.33	0.00	0.00	1,384.33

Vendor#	Vendor Name	Class	Pay Code							
12948	GREAT AMERICA FINANCIAL SVCS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	38443763		02/05/202	01/30/202	02/03/202			10,470.17	0.00	0.00	10,470.17
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	12948	GREAT AMERICA FINANCIAL SVCS						10,470.17	0.00	0.00	10,470.17
Vendor#	Vendor Name	Class	Pay Code							
11984	GUERBET, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	0092537454		02/04/202	01/29/202	01/29/202			350.00	0.00	0.00	350.00
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	11984	GUERBET, LLC						350.00	0.00	0.00	350.00
Vendor#	Vendor Name	Class	Pay Code							
G0401	GULF COAST DELIVERY									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	013125		02/03/202	01/31/202	02/03/202			50.00	0.00	0.00	50.00
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	G0401	GULF COAST DELIVERY						50.00	0.00	0.00	50.00
Vendor#	Vendor Name	Class	Pay Code							
G1210	GULF COAST PAPER COMPANY	M								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2608112		02/04/202	01/07/202	02/06/202			1,076.69	0.00	0.00	1,076.69
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY						1,076.69	0.00	0.00	1,076.69
Vendor#	Vendor Name	Class	Pay Code							
11784	HALF LEAGUE STORAGE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	020325		02/03/202	02/03/202	02/03/202			360.00	0.00	0.00	360.00
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	11784	HALF LEAGUE STORAGE						360.00	0.00	0.00	360.00
Vendor#	Vendor Name	Class	Pay Code							
12380	HEALTH SOLUTIONS DIETETICS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	020325		02/03/202	02/03/202	02/03/202			4,250.00	0.00	0.00	4,250.00
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	12380	HEALTH SOLUTIONS DIETETICS						4,250.00	0.00	0.00	4,250.00
Vendor#	Vendor Name	Class	Pay Code							
11552	HEALTHCARE FINANCIAL SERVICES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	100971565		01/31/202	12/28/202	02/01/202			1,382.67	0.00	0.00	1,382.67
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	11552	HEALTHCARE FINANCIAL SERVICES						1,382.67	0.00	0.00	1,382.67
Vendor#	Vendor Name	Class	Pay Code							
H0031	HEB CREDIT RECEIVABLES DEPT308									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	012925		02/06/202	01/19/202	02/06/202			590.23	0.00	0.00	590.23
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	H0031	HEB CREDIT RECEIVABLES DEPT308						590.23	0.00	0.00	590.23

Work performed 1/7 - 1/29/25

Feb. / March / April

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6763		01/31/202	12/31/202	01/10/202			10,902.00	0.00	0.00	10,902.00
	Q4 2024									
6762		02/03/202	09/30/202	10/10/202			34,444.00	0.00	0.00	34,444.00
	Q3 2024									
6761A		02/06/202	06/30/202	07/10/202			19,987.00	0.00	0.00	19,987.00
	Q2 2024									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15208	HOSPITAL CARE CONSULTANTS INC.	65,333.00	0.00	0.00	65,333.00

Vendor#	Vendor Name	Class	Pay Code
A1746	JPM CHASE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
90025834		02/04/202	11/25/202	02/04/202			155.70	0.00	0.00	155.70

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1746	JPM CHASE	155.70	0.00	0.00	155.70

Vendor#	Vendor Name	Class	Pay Code
11600	LEGAL SHIELD		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
011525		01/31/202	01/17/202	02/03/202			527.60	0.00	0.00	527.60

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11600	LEGAL SHIELD	527.60	0.00	0.00	527.60

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
23231869		02/04/202	01/27/202	02/11/202			73.16	0.00	0.00	73.16
23243540		02/04/202	01/29/202	02/13/202			271.40	0.00	0.00	271.40

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	344.56	0.00	0.00	344.56

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1879173		02/03/202	02/03/202	02/03/202			1,761.00	0.00	0.00	1,761.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11612	MEDICAL AIR SERVICES ASSOC.	1,761.00	0.00	0.00	1,761.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2349255100		01/15/202	12/18/202	02/14/202			26,927.49	0.00	0.00	26,927.49
2351023964		01/15/202	12/31/202	02/14/202			4,888.61	0.00	0.00	4,888.61
2352013086		01/22/202	01/08/202	02/14/202			1,502.54	0.00	0.00	1,502.54
2354214618		01/27/202	01/22/202	02/16/202			93.53	0.00	0.00	93.53
2354214620		01/27/202	01/22/202	02/16/202			34.85	0.00	0.00	34.85
2354214615		01/27/202	01/22/202	02/16/202			571.36	0.00	0.00	571.36

2354214616	01/27/202 01/22/202 02/16/202	118.30	0.00	0.00	118.30
2354214614	01/27/202 01/22/202 02/16/202	24.41	0.00	0.00	24.41
2354214619	01/27/202 01/22/202 02/16/202	123.56	0.00	0.00	123.56
2354214617	01/27/202 01/22/202 02/16/202	132.11	0.00	0.00	132.11
2354214621	01/27/202 01/22/202 02/16/202	34.85	0.00	0.00	34.85
2354283049	01/29/202 01/23/202 02/17/202	115.01	0.00	0.00	115.01
2354283050	01/29/202 01/23/202 02/17/202	106.45	0.00	0.00	106.45

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	34,673.07	0.00	0.00	34,673.07

Vendor# 11972 Vendor Name: MOMENTUM RENTAL & SALES — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1764271A		02/06/202	09/18/202	10/18/202			15.98	0.00	0.00	15.98

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11972	MOMENTUM RENTAL & SALES	15.98	0.00	0.00	15.98

Vendor# 10536 Vendor Name: MORRIS & DICKSON CO, LLC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2953911		02/03/202	01/22/202	02/01/202			471.57	0.00	0.00	471.57
CM82669		02/03/202	01/22/202	02/01/202			-673.72	0.00	0.00	-673.72
CM82668		02/03/202	01/22/202	02/01/202			-7,429.12	0.00	0.00	-7,429.12
2953440		02/03/202	01/22/202	02/01/202			151.00	0.00	0.00	151.00
2953912		02/03/202	01/22/202	02/01/202			462.23	0.00	0.00	462.23
2957583		02/03/202	01/23/202	02/02/202			388.35	0.00	0.00	388.35
2957584		02/03/202	01/23/202	02/02/202			59.74	0.00	0.00	59.74
2957582		02/03/202	01/23/202	02/02/202			66.19	0.00	0.00	66.19
2955699		02/03/202	01/23/202	02/02/202			115.99	0.00	0.00	115.99
2964772		02/03/202	01/26/202	02/05/202			1,080.80	0.00	0.00	1,080.80
2963326		02/03/202	01/26/202	02/05/202			106.33	0.00	0.00	106.33
2964775		02/03/202	01/26/202	02/05/202			292.69	0.00	0.00	292.69
2964774		02/03/202	01/26/202	02/05/202			186.38	0.00	0.00	186.38
2964773		02/03/202	01/26/202	02/05/202			405.82	0.00	0.00	405.82
SC7318		02/03/202	01/27/202	02/06/202			289.48	0.00	0.00	289.48

2967255	02/03/202 01/27/202 02/06/202	56.15	0.00	0.00	56.15	✓
2968216	02/03/202 01/27/202 02/06/202	9.68	0.00	0.00	9.68	✓
SC7319	02/03/202 01/27/202 02/06/202	281.42	0.00	0.00	281.42	✓
SC7316	02/03/202 01/27/202 02/06/202	169.22	0.00	0.00	169.22	✓
SC7317	02/03/202 01/27/202 02/06/202	23.00	0.00	0.00	23.00	✓
2969943	02/03/202 01/27/202 02/06/202	68.85	0.00	0.00	68.85	✓
2969944	02/03/202 01/27/202 02/06/202	327.24	0.00	0.00	327.24	✓
2972800	02/03/202 01/28/202 02/07/202	56.15	0.00	0.00	56.15	✓
2972801	02/03/202 01/28/202 02/07/202	231.08	0.00	0.00	231.08	✓
2972798	02/03/202 01/28/202 02/07/202	1,124.61	0.00	0.00	1,124.61	✓
2972799	02/03/202 01/28/202 02/07/202	330.97	0.00	0.00	330.97	✓
2975395	02/03/202 01/28/202 02/07/202	550.95	0.00	0.00	550.95	✓
2975396	02/03/202 01/28/202 02/07/202	1,802.80	0.00	0.00	1,802.80	✓
2978344	02/03/202 01/29/202 02/08/202	5,802.60	0.00	0.00	5,802.60	✓
2981100	02/03/202 01/29/202 02/08/202	19.84	0.00	0.00	19.84	✓
0036814	02/03/202 01/29/202 02/08/202	1,685.32	0.00	0.00	1,685.32	✓
2981101	02/03/202 01/29/202 02/08/202	518.73	0.00	0.00	518.73	✓
2978345	02/03/202 01/29/202 02/08/202	15,687.13	0.00	0.00	15,687.13	✓
CM84163	02/03/202 01/29/202 02/08/202	-14.96	0.00	0.00	-14.96	✓
2977886	02/03/202 01/29/202 02/08/202	6,767.05	0.00	0.00	6,767.05	✓
2985025	02/03/202 01/30/202 02/09/202	56.15	0.00	0.00	56.15	✓
2986024	02/03/202 01/30/202 02/09/202	110.03	0.00	0.00	110.03	✓
2983571	02/03/202 01/30/202 02/09/202	1,316.51	0.00	0.00	1,316.51	✓
2986025	02/03/202 01/30/202 02/09/202	124.14	0.00	0.00	124.14	✓
CM84493	02/03/202 01/30/202 02/09/202	-82.03	0.00	0.00	-82.03	✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	32,996.36	0.00	0.00	32,996.36

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	
010125		01/01/202	02/05/202	02/05/202			1,000.00	0.00	0.00	1,000.00	✓

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
46219		02/05/202	01/29/202	02/05/202			209.29	0.00	0.00	209.29

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16004	NITOR E LLC	209.29	0.00	0.00	209.29

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
37471994		01/29/202	01/21/202	02/20/202			590.78	0.00	0.00	590.78
37479767		01/29/202	01/22/202	02/16/202			403.76	0.00	0.00	403.76

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERICA INC	994.54	0.00	0.00	994.54

Vendor#	Vendor Name	Class	Pay Code
16156	ONE PHYSICS LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV005026		02/03/202	10/31/202	11/30/202			900.00	0.00	0.00	~~900.00~~

removed - wrong vendor remit

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16156	ONE PHYSICS LLC	900.00	0.00	0.00	~~900.00~~

Vendor#	Vendor Name	Class	Pay Code
10152	PARTSSOURCE, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5530794NR		01/22/202	01/08/202	02/07/202			205.98	0.00	0.00	205.98

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10152	PARTSSOURCE, LLC	205.98	0.00	0.00	205.98

Vendor#	Vendor Name	Class	Pay Code
S0905	PERFORMANCE HEALTH	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN98416352		01/29/202	01/22/202	02/16/202			196.27	0.00	0.00	196.27

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S0905	PERFORMANCE HEALTH	196.27	0.00	0.00	196.27

Vendor#	Vendor Name	Class	Pay Code
16160	PHELPS DUNBAR LLP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1398401		02/03/202	01/08/202	02/03/202			345.00	0.00	0.00	345.00

Professional Services Dec. 2024

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16160	PHELPS DUNBAR LLP	345.00	0.00	0.00	345.00

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
4275		02/03/202	01/29/202	02/01/202			350.04	0.00	0.00	350.04

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12708	POC ELECTRIC, LLC	350.04	0.00	0.00	350.04

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
9357861775		01/14/202	12/12/202	02/14/202			7.14	0.00	0.00	7.14

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10372	PRECISION DYNAMICS CORP (PDC)	7.14	0.00	0.00	7.14

Vendor# 15196 Vendor Name: PROVATION — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INVPVM57110		01/15/202	01/01/202	01/01/202			1,961.14	0.00	0.00	1,961.14

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
15196	PROVATION	1,961.14	0.00	0.00	1,961.14

Vendor# 14536 Vendor Name: QUVA PHARMA INC — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
76953198490A		02/06/202	01/20/202	02/06/202			218.04	0.00	0.00	218.04

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
14536	QUVA PHARMA INC	218.04	0.00	0.00	218.04

Vendor# 11764 Vendor Name: ROBERT RODRIQUEZ — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
020525A		02/06/202	02/05/202	02/06/202			110.00	0.00	0.00	110.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11764	ROBERT RODRIQUEZ	110.00	0.00	0.00	110.00

Vendor# 10936 Vendor Name: SIEMENS FINANCIAL SERVICES — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
56382500026902		02/05/202	01/30/202	02/19/202			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# 10699 Vendor Name: SIGN AD, LTD. — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
309417		02/05/202	02/01/202	02/11/202			425.00	0.00	0.00	425.00

Advertising Lease Space 2/12 - 3/11/25

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10699	SIGN AD, LTD.	425.00	0.00	0.00	425.00

Vendor# 12472 Vendor Name: SOMETHING MORE MEDIA, INC. — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2232		02/03/202	01/28/202	02/03/202			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# 12288 Vendor Name: SPBS CLINICAL EQUIPMENT SRVC — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV050000225		02/05/202	02/01/202	02/06/202			9,836.92	0.00	0.00	9,836.92

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12288	SPBS CLINICAL EQUIPMENT SRVC	9,836.92	0.00	0.00	9,836.92

Vendor# 10094 Vendor Name: ST DAVIDS HEALTHCARE — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMCPL202412		01/31/202	01/28/202	02/03/202			375.00	0.00	0.00	375.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10094	ST DAVIDS HEALTHCARE	375.00	0.00	0.00	375.00

Vendor# S3940 — Vendor Name: STERIS CORPORATION — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
13318190		02/04/202	01/17/202	02/11/202			236.93	0.00	0.00	236.93

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
S3940	STERIS CORPORATION	236.93	0.00	0.00	236.93

Vendor# T1880 — Vendor Name: TEXAS DEPARTMENT OF LICENSING — Class: A/P — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10187235		02/03/202	01/16/202	02/15/202			140.00	0.00	0.00	140.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
T1880	TEXAS DEPARTMENT OF LICENSING	140.00	0.00	0.00	140.00

Vendor# 10765 — Vendor Name: TEXAS HOSPITAL ASSOCIATION — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0900179088		02/05/202	02/04/202	02/05/202			8,310.75	0.00	0.00	8,310.75

1/1/25 - 12/31/25

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10765	TEXAS HOSPITAL ASSOCIATION	8,310.75	0.00	0.00	8,310.75

Vendor# 10758 — Vendor Name: TEXAS SELECT STAFFING, LLC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0024923		02/03/202	01/29/202	01/30/202			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# 11908 — Vendor Name: TMS SOUTH — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV146243		01/15/202	01/09/202	02/08/202			26.55	0.00	0.00	26.55
INV146121		01/15/202	01/09/202	02/14/202			376.72	0.00	0.00	376.72

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11908	TMS SOUTH	403.27	0.00	0.00	403.27

Vendor# C2510 — Vendor Name: TRUBRIDGE — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1027897		01/29/202	01/24/202	02/18/202			121.00	0.00	0.00	121.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
C2510	TRUBRIDGE	121.00	0.00	0.00	121.00

Vendor# U1064 — Vendor Name: UNIFIRST HOLDINGS INC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2921051685		01/27/202	01/20/202	02/14/202			46.64	0.00	0.00	46.64
2921051680		01/27/202	01/20/202	02/14/202			2,669.64	0.00	0.00	2,669.64

2921052051	01/27/202 01/23/202 02/17/202	162.14	0.00	0.00	162.14
2921052056	01/27/202 01/23/202 02/17/202	132.59	0.00	0.00	132.59
2921052047	01/27/202 01/23/202 02/17/202	376.75	0.00	0.00	376.75
2921052054	01/27/202 01/23/202 02/17/202	185.70	0.00	0.00	185.70
2921052036	01/27/202 01/23/202 02/17/202	2,320.84	0.00	0.00	2,320.84
2921052041	01/27/202 01/23/202 02/17/202	64.90	0.00	0.00	64.90
2921052022	01/27/202 01/23/202 02/17/202	118.69	0.00	0.00	118.69

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	6,077.89	0.00	0.00	6,077.89

Vendor# 12400 Vendor Name: UPDOX LLC — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV00558179		02/05/202	01/31/202	02/05/202			1,344.51	0.00	0.00	1,344.51

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12400	UPDOX LLC	1,344.51	0.00	0.00	1,344.51

Vendor# 11280 Vendor Name: VICTORIA ADVOCATE — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0344625		02/05/202	01/31/202	02/05/202			28.60	0.00	0.00	28.60

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11280	VICTORIA ADVOCATE	28.60	0.00	0.00	28.60

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	333,633.14	0.00	0.00	333,633.14

APPROVED ON

FEB 06 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 207494 - 207577

333,633.14 +
900.00 -
332,733.14 ◊

Pg. 10 wrong remit to adares

02/07/2025
10:10

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
16156	RADCOM ASSOCIATES LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV005026		02/03/202	10/31/202	11/30/202			900.00	0.00	0.00	900.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	16156	RADCOM ASSOCIATES LLC	900.00	0.00	0.00	900.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	900.00	0.00	0.00	900.00

APPROVED ON

FEB 06 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 207559

RECEIVED BY THE
COUNTY AUDITOR ON

FEB 10 2025

CALHOUN COUNTY, TEXAS

02/10/2025
11:59

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 02/20/2025

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11024	REED, CLAYMON, MEEKER & HARGET		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
33138	NOV-DEC	01/27/202	01/23/202	02/20/202			5,950.00	0.00	0.00	5,950.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11024	REED, CLAYMON, MEEKER & HARGET	5,950.00	0.00	0.00	5,950.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	5,950.00	0.00	0.00	5,950.00

APPROVED ON

FEB 10 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 207560

RECEIVED BY THE
COUNTY AUDITOR ON

FEB 10 2025

CALHOUN COUNTY, TEXAS

02/10/2025
11:54

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 02/10/2025

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11183	FRONTIER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
012325		02/10/202	01/23/202	02/10/202			66.07	0.00	0.00	66.07

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11183	FRONTIER	66.07	0.00	0.00	66.07

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	66.07	0.00	0.00	66.07

APPROVED ON

FEB 10 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 207522

RECEIVED BY THE
COUNTY AUDITOR ON

FEB 10 2025

CALHOUN COUNTY, TEXAS

02/10/2025
11:20

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
10554	REPUBLIC SERVICES #847		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1376904		02/10/202	01/26/202	02/10/202			2,397.32	0.00	0.00	2,397.32

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10554	REPUBLIC SERVICES #847	2,397.32	0.00	0.00	2,397.32

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,397.32	0.00	0.00	2,397.32

APPROVED ON

FEB 10 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 207561

RECEIVED BY THE
COUNTY AUDITOR ON

FEB 10 2025

CALHOUN COUNTY, TEXAS

02/10/2025 MEMORIAL MEDICAL CENTER 0
11:21 AP Open Invoice List ap_open_invoice.template
Due Dates Through:

Vendor#	Vendor Name	Class	Pay Code
15224	MUTUAL OF OMAHA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
001828404367		02/10/202	01/26/202	02/01/202			24,435.16	0.00	0.00	24,435.16

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15224	MUTUAL OF OMAHA	24,435.16	0.00	0.00	24,435.16

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	24,435.16	0.00	0.00	24,435.16

APPROVED ON

FEB 10 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 207548

COUNTY AUDITOR ON

FEB 10 2025

02/10/2025 CALHOUN COUNTY, TEXAS MEMORIAL MEDICAL CENTER 0
11:42 AP Open Invoice List ap_open_invoice.template
Transaction Dates Through: 02/20/2025

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
116671183		02/10/202	01/27/202	02/20/202			2,451.95	0.00	0.00	2,451.95
116670513		02/10/202	01/24/202	02/20/202			3,507.72	0.00	0.00	3,507.72

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S2001	SIEMENS MEDICAL SOLUTIONS INC	5,959.67	0.00	0.00	5,959.67

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	5,959.67	0.00	0.00	5,959.67

APPROVED ON

FEB 10 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Unit#207563

02/10/2025
11:56

RECEIVED BY THE COUNTY AUDITOR ON
FEB 10 2025
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 02/10/2025

Vendor#	Vendor Name	Class	Pay Code
F1100	FEDERAL EXPRESS CORP.	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
874180510		02/10/202	01/16/202	02/10/202			83.51	0.00	0.00	83.51
874892301		02/10/202	01/23/202	02/10/202			105.74	0.00	0.00	105.74

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	189.25	0.00	0.00	189.25

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	189.25	0.00	0.00	189.25

APPROVED ON
FEB 10 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Unit# 207520

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	207494	02/12/25	1,400.00	ACUTE CARE INC
A/P	207495	02/12/25	3,316.29	AIRGAS USA, LLC - CENTRAL DIV
A/P	207496	02/12/25	1,764.92	AMAZON CAPITAL SERVICES
A/P	207497	02/12/25	750.00	AMERITEX ELEVATOR SERVICES INC
A/P	207498	02/12/25	4,850.00	AVENO NETWORKS
A/P	207499	02/12/25	712.80	AZALEA HEALTH
A/P	207500	02/12/25	800.00	BANESTER SERVICES
A/P	207501	02/12/25	10,466.18	BECKMAN COULTER INC
A/P	207502	02/12/25	1,867.08	BEYER MECHANICAL LTD
A/P	207503	02/12/25	1,114.19	BIO-RAD LABORATORIES, INC
A/P	207504	02/12/25	10,228.02	BIOMERIEUX, INC
A/P	207505	02/12/25	4,400.00	CALHOUN COUNTY EMS
A/P	207506	02/12/25	982.44	CAPITAL ONE
A/P	207507	02/12/25	34.80	CARESFIELD
A/P	207508	02/12/25	7,093.75	CDW GOVERNMENT, INC.
A/P	207509	02/12/25	5,950.00	CIHQ
A/P	207510	02/12/25	7,864.97	CITY OF PORT LAVACA
A/P	207511	02/12/25	1,232.71	CLEARFLY
A/P	207512	02/12/25	2,940.79	COASTAL OFFICE SOLUTONS
A/P	207513	02/12/25	501.72	COMBINED INSURANCE
A/P	207514	02/12/25	50,574.72	COMPUGROUP MEDICAL - EMDS INC.
A/P	207515	02/12/25	4,200.00	CROSS COUNTRY STAFFING
A/P	207516	02/12/25	610.66	CUSTOM ASSEMBLIES, INC
A/P	207517	02/12/25	1,050.62	DEWITT POTH & SON
A/P	207518	02/12/25	58.00	DSHS - VITAL STATISTICS
A/P	207519	02/12/25	58.43	EVERON
A/P	207520	02/12/25	189.25	FEDERAL EXPRESS CORP.
A/P	207521	02/12/25	43.88	FISHER HEALTHCARE
A/P	207522	02/12/25	206.87	FRONTIER
A/P	207523	02/12/25	1,750.26	FUSION CONNECT
A/P	207524	02/12/25	2,780.50	FUSION MEDICAL STAFFING, LLC
A/P	207525	02/12/25	5,041.35	GBS ADMINISTRATORS, INC
A/P	207526	02/12/25	1,044.26	GE PRECISION HEALTHCARE, LLC
A/P	207527	02/12/25	1,000.00	GOLDEN CRESCENT RAC
A/P	207528	02/12/25	1,384.33	GRAINGER
A/P	207529	02/12/25	10,470.17	GREAT AMERICA FINANCIAL SVCS
A/P	207530	02/12/25	350.00	GUERBET, LLC
A/P	207531	02/12/25	50.00	GULF COAST DELIVERY
A/P	207532	02/12/25	1,076.69	GULF COAST PAPER COMPANY
A/P	207533	02/12/25	360.00	HALF LEAGUE STORAGE
A/P	207534	02/12/25	4,250.00	HEALTH SOLUTIONS DIETETICS
A/P	207535	02/12/25	1,382.67	HEALTHCARE FINANCIAL SERVICES
A/P	207536	02/12/25	590.23	HEB CREDIT RECEIVABLES DEPT308
A/P	207537	02/12/25	65,333.00	HOSPITAL CARE CONSULTANTS INC.
A/P	207538	02/12/25	155.70	JPM CHASE
A/P	207539	02/12/25	527.60	LEGAL SHIELD
A/P	207540	02/12/25	344.56	MCKESSON MEDICAL SURGICAL INC
A/P	207541	02/12/25	1,761.00	MEDICAL AIR SERVICES ASSOC.
A/P	207542	02/12/25	.00	VOIDED
A/P	207543	02/12/25	34,673.07	MEDLINE INDUSTRIES INC

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	207544	02/12/25	15.98	MOMENTUM RENTAL & SALES
A/P	207545	02/12/25	.00	VOIDED
A/P	207546	02/12/25	.00	VOIDED
A/P	207547	02/12/25	32,996.36	MORRIS & DICKSON CO, LLC
A/P	207548	02/12/25	24,435.16	MUTUAL OF OMAHA
A/P	207549	02/12/25	1,000.00	NEXION HEALTH AT NAVASOTA INC
A/P	207550	02/12/25	209.29	NITOR E LLC
A/P	207551	02/12/25	994.54	OLYMPUS AMERICA INC
A/P	207552	02/12/25	205.98	PARTSSOURCE, LLC
A/P	207553	02/12/25	196.27	PERFORMANCE HEALTH
A/P	207554	02/12/25	345.00	PHELPS DUNBAR LLP
A/P	207555	02/12/25	350.04	POC ELECTRIC, LLC
A/P	207556	02/12/25	7.14	PRECISION DYNAMICS CORP (PDC)
A/P	207557	02/12/25	1,961.14	PROVATION
A/P	207558	02/12/25	218.04	QUVA PHARMA INC
A/P	207559	02/12/25	900.00	RADCOM ASSOCIATES LLC
A/P	207560	02/12/25	5,950.00	REED, CLAYMON, MEEKER & HARGET
A/P	207561	02/12/25	2,397.32	REPUBLIC SERVICES #847
A/P	207562	02/12/25	110.00	ROBERT RODRIQUEZ
A/P	207563	02/12/25	1,333.33	SIEMENS FINANCIAL SERVICES
A/P	207564	02/12/25	5,959.67	SIEMENS MEDICAL SOLUTIONS INC
A/P	207565	02/12/25	425.00	SIGN AD, LTD.
A/P	207566	02/12/25	2,525.00	SOMETHING MORE MEDIA, INC.
A/P	207567	02/12/25	9,836.92	SPBS CLINICAL EQUIPMENT SRVC
A/P	207568	02/12/25	375.00	ST DAVIDS HEALTHCARE
A/P	207569	02/12/25	236.93	STERIS CORPORATION
A/P	207570	02/12/25	140.00	TEXAS DEPARTMENT OF LICENSING
A/P	207571	02/12/25	8,310.75	TEXAS HOSPITAL ASSOCIATION
A/P	207572	02/12/25	3,632.00	TEXAS SELECT STAFFING, LLC
A/P	207573	02/12/25	403.27	TMS SOUTH
A/P	207574	02/12/25	121.00	TRUBRIDGE
A/P	207575	02/12/25	6,077.89	UNIFIRST HOLDINGS INC
A/P	207576	02/12/25	1,344.51	UPDOX LLC
A/P	207577	02/12/25	28.60	VICTORIA ADVOCATE
A/P	207578	02/12/25	16,237.96	BETHANY SENIOR LIVING
A/P	207579	02/12/25	19,567.50	GOLDENCREEK HEALTHCARE
A/P	207580	02/12/25	2,604.00	THE CRESCENT
A/P	207581	02/12/25	41,607.00	TUSCANY VILLAGE
A/P	207582	02/12/25	34,911.26	CANTEX HEALTH CARE CENTERS LLC
TOTALS:			487,558.33	

APPROVED ON

FEB 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

332,733.14 +
900.00 +
5,950.00 +
66.07 +
2,397.32 +
24,435.16 +
5,959.67 +
189.25 +
2,604.00 +
19,567.50 +
41,607.00 +
16,237.96 +
34,911.26 +
487,558.33 ◊

Payables

Critical

NH Xfers

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 02/07/2025 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 02/08/2025

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

As of: 02/07/2025 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 02/08/2025 **ITEMS NOT PAID (✓)**

National Account 632536

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 8,020.09 USD

Future Due:	0.00				**Due If Paid On Time:** USD 7,859.52
Past Due:	9.38-	**If Paid By 02/11/2025, Pay This Amount:**	7,859.52	USD	**Disc lost if paid late:** 160.57
Last Payment 08/07/2017	2,451.97	**If Paid After 02/11/2025, Pay this Amount:**	8,020.09	USD	**Due If Paid Late:** USD 8,020.09

APPROVED ON
FEB 10 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

✓ MSL 2/10/25

7,551.57 +
13.78 +
289.47 +
4.70 +
7,859.52 ◊

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

As of: 02/07/2025 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 02/08/2025

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

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

As of: 02/07/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 02/08/2025 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
02/03/2025	02/11/2025	7548931074	223699465	115Invoice	22.91	1,145.66		1,122.75	✓	7548931074	
02/03/2025	02/11/2025	7548931075	225920441	115Invoice	5.44	271.81		266.37	✓	7548931075	
02/04/2025	02/11/2025	7549206272	226100049	115Invoice	0.02	0.95		0.93	✓	7549206272	
02/05/2025	02/11/2025	7549487827	217873296	115Invoice	5.26	262.99		257.73	✓	7549487827	
02/05/2025	02/11/2025	7549487828	226186464	115Invoice	0.02	0.95		0.93	✓	7549487828	
02/05/2025	02/11/2025	7549487830	217598456	115Invoice		0.08		0.08	✓	7549487830	
02/05/2025	02/11/2025	7549487831	224036119	115Invoice	22.91	1,145.66		1,122.75	✓	7549487831	
02/05/2025	02/11/2025	7549487832	218124518	115Invoice	32.43	1,621.65		1,589.22	✓	7549487832	
02/05/2025	02/11/2025	7549487833	221885235	115Invoice	32.43	1,621.65		1,589.22	✓	7549487833	
02/05/2025	02/11/2025	7549487834	224886280	115Invoice	32.63	1,631.74		1,599.11	✓	7549487834	
02/07/2025	02/11/2025	7549995937	226476798	115Invoice	0.01	0.63		0.62	✓	7549995937	
02/07/2025	02/11/2025	7549995938	219304373	115Invoice	0.03	1.27		1.24	✓	7549995938	
02/07/2025	02/11/2025	7549995939	222133252	115Invoice	0.01	0.63		0.62	✓	7549995939	

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: 7,705.67 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,751.69
02/03/2025

If Paid By 02/11/2025,
Pay This Amount: 7,551.57 USD

If Paid After 02/11/2025,
Pay this Amount: 7,705.67 USD

Due If Paid On Time:
USD 7,551.57

Disc lost if paid late:
154.10

Due If Paid Late:
USD 7,705.67

APPROVED ON
FEB 10 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 02/07/2025 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 820405
Date: 02/08/2025

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

As of: 02/07/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 **PLEASE CHECK ANY**
Date: 02/08/2025 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 820405 HEB PHCY WHSE/MEM MED PHS											
02/06/2025	02/11/2025	7549558007	B2502-055-189548	115Invoice	0.28	14.06		13.78 ✓		7549558007	

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: 14.06 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,751.69
02/03/2025

If Paid By 02/11/2025,
Pay This Amount: 13.78 USD

If Paid After 02/11/2025,
Pay this Amount: 14.06 USD

Due If Paid On Time:
USD 13.78

Disc lost if paid late:
0.28

Due If Paid Late:
USD 14.06

APPROVED ON

FEB 10 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

McKESSON

Company: 8000

STATEMENT

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

As of: 02/07/2025 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835434
Date: 02/08/2025

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

As of: 02/07/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434 **PLEASE CHECK ANY**
Date: 02/08/2025 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835434 CVS PHCY 8923/MEM MC PHS											
02/05/2025	02/11/2025	7549390314	3859484	115Invoice	5.91	295.38		289.47	✓	7549390314	

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: 295.38 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,751.69
02/03/2025

If Paid By 02/11/2025,
Pay This Amount: 289.47 USD

If Paid After 02/11/2025,
Pay this Amount: 295.38 USD

Due If Paid On Time:
USD 289.47

Disc lost if paid late:
5.91

Due If Paid Late:
USD 295.38

APPROVED ON

FEB 10 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

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

As of: 02/07/2025 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835437
Date: 02/08/2025

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

As of: 02/07/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 **PLEASE CHECK ANY**
Date: 02/08/2025 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835437 CVS PHCY 7416/MEM MC PHS											
02/04/2025	02/04/2025	7549306284	MFC PR CORR CR	Pricing Cor		9.38-	P	9.38-	P	7549306284	
02/04/2025	02/11/2025	7549306285	MFC PR CORR IN	Pricing Cor	0.16	8.18		8.02		7549306285	
02/05/2025	02/11/2025	7549511717	3857836	115Invoice	0.12	6.18		6.06		7549511717	

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: 4.98 USD

Future Due: 0.00

Past Due: 9.38-

Last Payment 2,751.69
02/03/2025

If Paid By 02/11/2025, Pay This Amount: 4.70 USD

If Paid After 02/11/2025, Pay this Amount: 4.98 USD

Due If Paid On Time:
USD 4.70

Disc lost if paid late: 0.28

Due If Paid Late:
USD 4.98

APPROVED ON

FEB 10 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

AmerisourceBergen

STATEMENT

Statement Number: 69137577
Date: 02-07-2025

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

DEA: RA0289276
866-451-9655

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

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

Customer Number
100135284 / 037028186

Terms
Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	4,762.90
Past Due:	0.00
Total Due:	4,762.90
Account Balance:	4,762.90

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
02-03-2025	02-14-2025	3204678836	7008832712	Invoice	438.43		0.00	438.43
02-03-2025	02-14-2025	3204678837	7008842482	Invoice	1,421.17		0.00	1,421.17
02-04-2025	02-14-2025	3204847426	7008856257	Invoice	1,717.32		0.00	1,717.32
02-05-2025	02-14-2025	3204995695	7008866727	Invoice	75.82		0.00	75.82
02-05-2025	02-14-2025	3204995696	7008866727	Invoice	197.55		0.00	197.55
02-06-2025	02-14-2025	3205143148	7008875078	Invoice	902.53		0.00	902.53
02-07-2025	02-14-2025	3205301883	7008883506	Invoice	10.08		0.00	10.08

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
4,762.90	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON
FEB 10 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Thank You for Your Payment

Date	Amount
02-07-2025	(4,338.12)

Reminders

Due Date	Amount
02-14-2025	4,762.90
Total Due:	4,762.90

MSL 2/10/25

AmerisourceBergen

STATEMENT

Statement Number: 69155482
Date: 02-07-2025

Serviced By:
AMERISOURCEBERGEN DRUG CORP
501 PATRIOT PARKWAY
ROANOKE TX 76262-6336

DEA: RA0316958
866-451-9655

Customer:
WALGREENS CENTRAL FILL #21373 340B
MEMORIAL MEDICAL CENTER
4100 DALE EARNHARDT WAY 200 ✓
NORTHLAKE TX 76262-2389

Customer Number
100566356 / 100566356

Terms
Sat - Fri Due in 7 days

Remit To:
AMERISOURCEBERGEN
PO Box 978740
DALLAS TX 75397-8740

Summary

Not Yet Due:	0.00
Current:	2,008.34
Past Due:	0.00
Total Due:	2,008.34
Account Balance:	2,008.34

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
02-03-2025	02-14-2025	3204658410	7008842445	Invoice	7.54		0.00	✓ 7.54
02-03-2025	02-14-2025	3204732445	7008856655	Invoice	1,989.90		0.00	✓ 1,989.90
02-04-2025	02-14-2025	3204897651	7008866484	Invoice	2.57		0.00	✓ 2.57
02-04-2025	02-14-2025	363097246	7008568523	Invoice	(3.87)		0.00	✓ (3.87)
02-04-2025	02-14-2025	363097247	7008568523	Invoice	2.89		0.00	✓ 2.89
02-06-2025	02-14-2025	3205196951	7008885861	Invoice	5.03		0.00	✓ 5.03
02-07-2025	02-14-2025	3205345674	7008891791	Invoice	4.28		0.00	✓ 4.28

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
2,008.34	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON
FEB 10 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
02-14-2025	2,008.34
Total Due:	2,008.34

✓ MSR 2/10/25

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

	#### ###	ENTER:
☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"		
☐ "ENTER YOUR 4-DIGIT PIN"		
☐ "MAKE A PAYMENT, PRESS 1"		1
☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941 #
☐ "IF FEDERAL TAX DEPOSIT ENTER 1"		1
☐ "ENTER 2-DIGIT TAX FILING YEAR"	★	24
☐ "ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	03

1ST QTR - 03 (MARCH) - Jan, Feb, Mar
2ND QTR - 06 (JUNE) - Apr, May, June
3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept
4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec

☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 118,492.43 #
"1 TO CONFIRM"		1
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 62,810.50 #
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 14,689.62 #
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 40,992.31 #
☐ "6-DIGIT SETTLEMENT DATE"	★	
"1 TO CONFIRM"		1
☐ ACKNOWLEDGEMENT NUMBER		

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

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED *3/18/2014*

ENTER VOID CKS AS NEGATIVE NUMBERS

		VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: BEGIN	1/24/2025					
PAY PERIOD: END	2/6/2025					
PAY DATE:	2/14/2025					
GROSS PAY:	$ 543,243.30			$ -		$ 543,243.30
DEDUCTIONS:						
A/R	$ 265.00					$ 265.00
ADVANC						$ -
BOOTS						$ -
MUTUAL CRITICAL ILLNESS						$ -
MUTUAL ACCIDENT						$ -
IRS TAX						$ -
MUTUAL SHORT TERM DIS						$ -
MUTUAL VISION	$ 828.24					$ 828.24
CAFÉ-D	$ 1,273.86					$ 1,273.86
CAFÉ-H	$ 29,175.95					$ 29,175.95
	$ -					$ -
	$ -					$ -
CAFÉ-P						$ -
CANCER						$ -
CHILD	$ 570.69					$ 570.69
CLINIC	$ 125.00					$ 125.00
COMBIN	$ 250.86					$ 250.86
CREDUN	$ -					$ -
DENTAL	$ -					$ -
DEP-LF						$ -
MUTUAL TERM LIFE	$ 1,239.82					$ 1,239.82
MUTUAL HOSP INDEM	$ 563.50					$ 563.50
FED TAX	$ 40,992.31					$ 40,992.31
FICA-M	$ 7,344.81					$ 7,344.81
FICA-O	$ 31,405.25					$ 31,405.25
FICA-M ADDITIONAL						$ -
FIRST C						$ -
FLEX S	$ 4,533.62					$ 4,533.62
FLX-FE	$ -					$ -
GIFT S	$ 181.66					$ 181.66
MUTUAL CRITICAL ILLNESS	$ 905.36					$ 905.36
MUTUAL ACCIDENT	$ 648.38					$ 648.38
MUTUAL SHORT TERM DIS	$ 1,778.17					$ 1,778.17
LEGAL	$ 1,038.40					$ 1,038.40
OTHER	$ 4,895.43					$ 4,895.43
NATIONAL FARM LIFE	$ 1,256.63					$ 1,256.63
MED SURCHARGE						$ -
Blank						$ -
RELAY						$ -
REPAY						$ -
STONEDF	$ 895.00					$ 895.00
STONE						$ -
STONE 2						$ -
STUDEN						$ -
TSA-R	$ 37,077.32					$ 37,077.32
UW/HOS	$ -					$ -
TOTAL DEDUCTIONS:	$ 167,245.26	$ -	$ -	$ -	$ -	$ 167,245.26
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 375,998.04	$ -	$ -	$ -	$ -	$ 375,998.04
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$ 36,706.67	**Less Exempt:**				
TAXABLE PAY:	$ 506,536.63	$ 506,536.63				**Exempt Amt:**

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 7,344.78		
FICA - MED (EE)	1.45%	$ 7,344.78	$ 7,344.81	$ (0.03)
FICA - SOC SEC (ER)	6.20%	$ 31,405.27		
FICA - SOC SEC (EE)	6.20%	$ 31,405.27	$ 31,405.25	$ 0.02
FED WITHHOLDING		$ 40,992.31	$ 40,992.31	

Employees over FICA-SS Cap:

Paycode S - Employee Reimb.:

TOTAL: $ -

TAX DEPOSIT:	$ 118,492.41	$ 118,492.43	
FICA - MEDICARE	2.90% $ 14,689.56	$14,689.62	
FICA - SOCIAL SECURITY	12.40% $ 62,810.54	$62,810.50	**PREPARED BY:** Sariah Rubio
FED WITHHOLDING	$ 40,992.31	$40,992.31	**PREPARED DATE:** 2/10/2025
TOTAL TAX:	$ 118,492.41	$118,492.43	$ (0.02)

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CE	Gross
1	REGULAR PAY-S1	10030.00	N		N	N		236855.97
1	REGULAR PAY-S1	1821.50	N		N	N	N	90680.25
1	REGULAR PAY-S1	340.00	Y		N	N		13143.53
1	REGULAR PAY-S1	52.00	Y		N	N	N	3331.38
2	REGULAR PAY-S2	2619.25	N		N	N		72148.86
2	REGULAR PAY-S2	104.50	Y		N	N		4976.25
3	REGULAR PAY-S3	1589.00	N		N	N		54722.40
3	REGULAR PAY-S3	134.25	Y		N	N		6865.27
4	CALL BACK PAY	7.00	N	1	N	N	Y	342.89
4	CALL BACK PAY	6.00	N	2	N	N	Y	256.56
C	CALL PAY	2252.75	N	1	N	N		4505.50
D	DOUBLE TIME	28.25	N	1	N	N		2307.48
D	DOUBLE TIME	33.75	N	2	N	N		2699.60
D	DOUBLE TIME	30.75	N	3	N	N		2381.40
D	DOUBLE TIME	5.00	Y	1	N	N		629.63
D	DOUBLE TIME	11.75	Y	2	N	N		1512.60
D	DOUBLE TIME	8.25	Y	3	N	N		1030.59
E	EXTRA WAGES		N	1	N	N	N	2302.75
F	FUNERAL LEAVE	24.00	N	1	N	N		1101.84
K	EXTENDED-ILLNESS-BANK	432.00	N	1	N	N		13946.63
P	PAID-TIME-OFF	12.00	N		N	N	N	166.92
P	PAID-TIME-OFF	926.00	N	1	N	N		24928.00
X	CALL PAY 2	152.00	N	1	N	N		304.00
Y	YMCA/CURVES		N		N	N	N	60.00
Z	CALL PAY 3	96.00	N	1	N	N		288.00
t	PHONE & DATA		N		N	N	N	1755.00

Deductions Summary

Code	Amount					
A/R	265.00	A/R2		A/R3		
ADVANC		AWARDS		BCBSVI		
BOOTS		CAFE H		CAFE-1		
CAFE-2		CAFE-3		CAFE-4		
CAFE-5		CAFE-C		CAFE-D	1273.86	
CAFE-F		CAFE-H	29175.95	CAFE-I		
CAFE-L		CAFE-P		CANCER		
CHILD	570.68	CLINIC	125.00	COMBIN	250.86	
CREDUN		DD ADV		DENTAL		
DEP-LF		DIS-LF		EAT		
EATCSH		FEDTAX	40992.31	FICA-M	7344.81	
FICA-O	31405.25	FIRSTC		FLEX S	4021.62	
FLX FE		FORT D		FUTA		
GIFT S	181.66	GRANT		GRP-IN		
GTL		HOSP-I		HSA	512.00	
ID TFT		IRSTAX		LEAF		
LEGAL	241.90	MASA	796.50	MEALS	3585.29	
METVIS		MISC		MISC/		
MMCSHR		MOOACC	648.38	MOOILL	905.36	
MOOIND	563.50	MOOLIF	1239.82	MOOSTD	1778.17	
MOOVIS	828.24	NATFML	1256.63	OTHER		
PHI		PHI***		PR FIN		
RELAY		REPAY		SAMS		
SCRUBS		SIGNON		ST-TX		
STONDF	895.00	STONE		STONE2		
STUDEN		SUNACC		SUNILL		
SUNIND		SUNLIF		SUNSTD		
SUNVIS		SURCHG		TSA-1		
TSA-2		TSA-C		TSA-P		
TSA-R	37077.32	TUTION		UNIFOR	1310.14	
UW/HOS						

Grand Totals: 20716.00 (Gross: 543243.30 Deductions: 167245.26 Net: 375998.04

Checks Count:- FT 202 PT 13 Other 43 Female 231 Male 26 Credit OverAmt 16 ZeroNet Term Total: 257

Memorial Medical Center
Transfer Request

Amount: 5,848.75 **Date:** 2/10/2025

From Account: Operating [redacted]

To Account: US BANK
FSA/HRA/DC ACCT# [redacted]
ROUTING# [redacted]

APPROVED ON
FEB 10 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Explanation:

Invoices: 7238723, 7268771, 7279591, 7302955, 7332117, 7358845, 7408804, CM216283

Requested by: Caitlin Clevenger **Date:** 2/10/2025

Authorized by: MBL **Date:** 2/10/25

CHRNO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTY	PAYEE	PAYTO	CVGCD	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PRVNO
4065	76351	1	1	0	2025	31001726	0	2/3/2025	$63,341.68	1	TRUESCRIPTS MANAGEMENT SERVICE LLC	P	517		[redacted]			F	1/13/2025	1/26/2025	464334244
4066	76351	1	2	1	2025	6001663	0	2/3/2025	$63.55	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	172					F	12/27/2024	12/27/2024	741831291
4067	76351	2	33	0	2025	6001715	0	2/3/2025	$20.39	1	CLINICAL PATHOLOGY LABS, INC	P	185					F	12/9/2024	12/9/2024	742554159
4068	76351	3	76	1	2025	17000585	0	2/3/2025	$8.57	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	177					F	1/14/2025	1/14/2025	741831291
4069	76351	3	35	1	2025	9000819	0	2/3/2025	$10.10	1	VICTORIA ORTHOPEDIC CENTER, PLLC	P	450					F	1/6/2025	1/6/2025	260151734
4070	76351	3	49	0	2025	6001636	0	2/3/2025	$10.73	1	CARDIOVASCULAR CARE PROVIDERS, INC	P	481					F	11/7/2024	11/7/2024	760221050
4071	76351	3	3	0	2025	3000640	0	2/3/2025	$15.97	1	SINGLETON ASSOCIATES PA	P	181					F	12/18/2024	12/18/2024	741680498
4072	76351	3	24	0	2025	6001678	0	2/3/2025	$20.37	1	CLINICAL PATHOLOGY LABS, INC	P	172					F	10/1/2024	10/1/2024	742554159
4073	76351	3	49	0	2025	16000909	0	2/3/2025	$62.37	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	450					F	12/24/2024	12/24/2024	300520570
4074	76351	3	43	1	2025	17000597	0	2/3/2025	$65.37	1	MICHELLE M CUMMINS	P	484					F	12/23/2024	12/23/2024	742951453
4075	76351	3	8	0	2025	15000727	0	2/3/2025	$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177					F	1/10/2025	1/10/2025	742605670
4076	76351	3	43	1	2025	3000605	0	2/3/2025	$66.59	1	MICHELLE M CUMMINS	P	457					F	12/17/2024	12/17/2024	742951453
4077	76351	3	38	0	2025	3000638	0	2/3/2025	$67.75	1	UT PHYSICIANS	P	450					F	12/4/2024	12/4/2024	760459500
4078	76351	3	38	0	2025	17000569	0	2/3/2025	$67.75	1	UT PHYSICIANS	P	450					F	12/23/2024	12/23/2024	760459500
4079	76351	3	47	0	2025	7000929	0	2/3/2025	$68.86	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	538					F	12/27/2024	12/27/2024	741831291
4080	76351	3	43	1	2025	16000952	0	2/3/2025	$99.99	1	MICHELLE M CUMMINS	P	457					F	11/18/2024	11/18/2024	742951453
4081	76351	3	23	0	2025	21001666	0	2/3/2025	$127.35	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	457					F	1/3/2025	1/3/2025	300520570
4082	76351	3	72	0	2025	15000758	0	2/3/2025	$137.35	1	CHIMI L FOSSO MD	P	177					F	1/10/2025	1/10/2025	300520570
4083	76351	3	11	0	2025	8001058	0	2/3/2025	$173.82	1	TMH PHYSICIAN ASSOCIATES, PLLC	P	457					F	11/12/2024	11/12/2024	300520570
4084	76351	3	47	0	2025	16001578	0	2/3/2025	$449.22	1	DETAR HEALTHCARE SYSTEM	P	186					F	11/29/2024	11/29/2024	621754940
4087	76351	3	11	0	2025	15000190	0	2/3/2025	$1,422.34	1	WILSON A ALMONTE MD PLLC	P	457					F	11/18/2024	11/18/2024	474898361
4088	76351	3	14	0	2025	17000313	0	2/3/2025	$1,821.76	1	CITIZENS MEDICAL CENTER	P	434					F	12/10/2024	12/10/2024	741698143
4089	76351	3	35	1	2025	16001572	0	2/3/2025	$1,906.74	1	DETAR HEALTHCARE SYSTEM	P	186					F	12/9/2024	12/9/2024	621754940
4090	76360	2	62	1	2025	3000648	0	2/3/2025	$22.98	1	PODIATRY ASSOCIATES OF VICTORIA	P	457					F	12/31/2024	12/31/2024	200719703
4092	76360	3	28	0	2025	16000963	0	2/3/2025	$7,991.64	1	AMIRALI S POPATIA MD	P	457					F	12/31/2024	12/31/2024	760599320
4093	76360	3	43	0	2025	21001717	0	2/3/2025	$1.86	1	VICTORIA FOOT AND ANKLE CENTER, PLLC	P	431					F	1/15/2025	1/15/2025	863759949
4094	76360	3	66	0	2025	3000614	0	2/3/2025	$11.19	1	SINGLETON ASSOCIATES PA	P	181					F	12/18/2024	12/18/2024	741680498
4095	76360	3	59	1	2025	23000919	0	2/3/2025	$12.04	1	DAVID E SHOOK	P	189					F	1/5/2025	1/5/2025	840597929
4096	76360	3	52	0	2025	3000609	0	2/3/2025	$13.81	1	SINGLETON ASSOCIATES PA	P	181					F	12/6/2024	12/6/2024	741680498
4097	76360	3	52	0	2025	3000639	0	2/3/2025	$15.28	1	SINGLETON ASSOCIATES PA	P	481					F	12/13/2024	12/13/2024	741680498
4098	76360	3	49	2	2025	8001014	0	2/3/2025	$16.04	1	MELISSA A. KAINER ERWIN, MD PA	P	728					F	1/6/2025	1/6/2025	200802489
4099	76360	3	119	0	2025	16000965	0	2/3/2025	$29.10	1	PORT LAVACA CLINIC ASSOCIATES	P	177					F	1/13/2025	1/13/2025	742605670
4100	76360	3	74	0	2025	9000799	0	2/3/2025	$49.94	1	AYO ADU, MD PLLC	P	457					F	1/7/2025	1/7/2025	273335355
4101	76360	3	50	0	2025	9000806	0	2/3/2025	$55.89	1	NOE R. OLVERA, MD, PA	P	457					F	1/7/2025	1/7/2025	262712038
4102	76360	3	94	0	2025	17000588	0	2/3/2025	$59.94	1	AYO ADU, MD PLLC	P	177					F	1/15/2025	1/15/2025	273335355
4103	76360	3	28	0	2025	16000925	0	2/3/2025	$62.49	1	KURTIS R KRUEGER MD	P	484					F	9/18/2024	10/9/2024	471158090
4104	76360	3	9	0	2025	15000738	0	2/3/2025	$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177					F	1/10/2025	1/10/2025	742605670
4105	76360	3	66	0	2025	10000781	0	2/3/2025	$70.91	1	VICTORIA EYE CENTER	P	457					F	1/3/2025	1/3/2025	742208337
4106	76360	3	28	0	2025	16000941	0	2/3/2025	$71.60	1	AMIRALI S POPATIA MD	P	457					F	11/11/2024	11/11/2024	760599320
4107	76360	3	11	0	2025	3000647	0	2/3/2025	$83.52	1	SINGLETON ASSOCIATES PA	P	172					F	12/17/2024	12/17/2024	741680498
4108	76360	3	28	0	2025	17000586	0	2/3/2025	$84.77	1	KURTIS R KRUEGER MD	P	457					F	11/13/2024	11/13/2024	471158090
4109	76360	3	45	0	2025	9000843	0	2/3/2025	$98.43	1	VICTORIA EYE CENTER	P	457					F	12/30/2024	12/30/2024	742208337
4110	76360	3	32	2	2025	10000769	0	2/3/2025	$101.32	1	CRESCENT VIEW MEDICAL CLINICS PA	P	172					F	12/19/2024	12/19/2024	452547088
4111	76360	3	31	0	2025	10000797	0	2/3/2025	$111.64	1	KHIEM VU DO PA	P	177					F	12/12/2024	12/12/2024	451261253
4112	76360	3	28	0	2025	14000852	0	2/3/2025	$115.84	1	KURTIS R KRUEGER MD	P	457					F	9/18/2024	9/18/2024	471158090
4113	76360	3	28	0	2025	8000473	0	2/3/2025	$116.34	1	OAKBEND MEDICAL CENTER	P	186					F	12/31/2024	12/31/2024	760339462
4114	76360	3	37	0	2025	10000750	0	2/3/2025	$122.69	1	CARLOS E CHINEA	P	457					F	12/2/2024	12/2/2024	10757449
4115	76360	3	120	3	2025	10000816	0	2/3/2025	$160.17	1	LOURDES PHYSICIAN GROUP	P	177					F	1/7/2025	1/7/2025	455492119
4116	76360	3	92	0	2025	16000968	0	2/3/2025	$198.31	1	RICHARD ARROYO-DIAZ	P	178					F	12/11/2024	12/11/2024	583137003
4117	76360	3	37	0	2025	10000827	0	2/3/2025	$207.36	1	CHILDRENS PHYSICIAN SERVICES OF SOUTH	P	457					F	9/17/2024	9/17/2024	742620408
4118	76360	3	32	1	2025	10000815	0	2/3/2025	$252.99	1	VICTORIA VEIN AND SURGERY CLINIC	P	431					F	12/20/2024	12/20/2024	452590280
4119	76360	3	21	1	2025	6001798	0	2/3/2025	$303.85	1	VICTORIA NEPHROLOGY ASSOCIATES	P	466					F	12/17/2024	12/17/2024	453050693
4120	76360	3	28	0	2025	14000828	0	2/3/2025	$320.52	1	KURTIS R KRUEGER MD	P	484					F	10/18/2024	10/18/2024	471158090
4121	76360	3	107	1	2025	16000907	0	2/3/2025	$380.72	1	VICTORIA HEART VASCULAR CENTER	P	457					F	1/10/2025	1/10/2025	562284144
4122	76360	3	31	0	2025	6001592	0	2/3/2025	$495.00	1	MEDSOLUTIONS	P	213					F	12/27/2024	12/27/2024	202536458
4123	76360	3	32	6	2025	10000788	0	2/3/2025	$541.25	1	CHILDRENS PHYSICIAN SERVICES OF SOUTH	P	178					F	11/14/2024	11/14/2024	742620408
4124	76360	3	32	0	2025	16001583	0	2/3/2025	$1,162.80	1	THE METHODIST HOSPITAL	P	186					F	10/21/2024	10/21/2024	741180155
4126	76360	3	33	0	2025	8000476	0	2/3/2025	$2,158.80	1	HOUSTON METHODIST SUGAR LAND HOSPITAL	P	434					F	12/30/2024	12/30/2024	760545192
4127	76370	3	22	0	2025	14000843	0	2/3/2025	$20.50	1	CHELIF JUNOR MD	P	482					F	12/12/2024	12/13/2024	471158090
4128	76370	3	22	0	2025	14000854	0	2/3/2025	$67.60	1	CITIZENS MEDICAL PROFESSIONALS	P	188					F	12/12/2024	12/12/2024	471158090
									$85,750.53												

MSL

APPROVED ON

FEB 10 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Feb 3, 2025 - February 9, 2025

Date	Bank Description	MMC Notes	Amount
2/7/2025	PAY PLUS ACHTrans 54643755 101000696488127 P	- 3rd Party Payor Fee	34.52
2/7/2025	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	4,338.12 *
2/6/2025	PAY PLUS ACHTrans 54460681 101000695149665 P	- 3rd Party Payor Fee	317.10
2/5/2025	STATE COMPTRLR TEXNET 08557342/50204 2100002	- UC IGT	49,775.00 *
2/5/2025	PAY PLUS ACHTrans 54358796 101000693737835 P	- 3rd Party Payor Fee	143.13
2/5/2025	FDMS FDMS PYMT 052-2182557-000 4100012382722	- Credit Card Machine Lease Fee	181.77
2/5/2025	FDMS FDMS PYMT 052-2182545-000 4100012382722	- Credit Card Machine Lease Fee	45.64
2/5/2025	FDMS FDMS PYMT 052-2000500-000 4100012381746	- Credit Card Machine Lease Fee	75.67
2/5/2025	FDMS FDMS PYMT 052-1601830-000 4100012380343	- Credit Card Machine Lease Fee	32.45
2/4/2025	STATE COMPTRLR TEXNET 08544671/50203 2100002	-UC IGT	155,114.90 *
2/4/2025	PAY PLUS ACHTrans 54184287 101000692178623 P	- 3rd Party Payor Fee	4.87
2/4/2025	MCKESSON DRUG AUTO ACH ACH06374686 910000156	- 340B Drug Program Expense	2,751.69 *
2/4/2025	AUTHNET GATEWAY BILLING 139870172 1040000136	- 3rd Party Payor Fee	27.10
2/3/2025	MERCHANT BANKCD DISCOUNT 971160913887 910000	- Credit Card Processing Fee	319.38
2/3/2025	MERCHANT BANKCD DISCOUNT 971160910883 910000	- Credit Card Processing Fee	19.95
2/3/2025	MERCHANT BANKCD FEE 971160913887 91000010015	- Credit Card Processing Fee	162.59
2/3/2025	MERCHANT BANKCD FEE 971160910883 91000010015	- Credit Card Processing Fee	9.95
2/3/2025	MERCHANT BANKCD INTERCHNG 971160913887 91000	- Credit Card Processing Fee	150.11
2/3/2025	IRS USATAXPYMT 270543404963406 6103601002520	- Payroll Taxes	134,049.46 *
			347,553.40

Michelle Cumberland
Michelle Cumberland, Controller
Memorial Medical Center
February 10, 2025

* Approved on 2.5.25
** Approved on 1.22.25
*** Approved on 1.29.25

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
		347,553.40 +	
		4,338.12 -	
		49,775.00 -	
		155,114.90 -	
		2,751.69 -	
		134,049.46 -	
		1,524.23 ◊	
		1,524.23 -	
		0.00 ◊	**0.00**

Steve Brock, CFO
Memorial Medical Center
February 10, 2025

APPROVED ON
FEB 10 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Cl

34.52
pay plus 317.10
143.13
4.87
499.62

FDMS pmt 181.77
45.64
75.67
lease fee 32.45
335.53

Auth net 27.10
27.10

Dis. 319.38
19.95
339.33

Proc. Fee 162.59
9.95
172.54

Inter. Chg 150.11
150.11

499.62 +
335.53 +
27.10 +
339.33 +
172.54 +
150.11 +
1,524.23 ◊

Plan	Start Date	Benefit	EE Per Pay Cost	ER Per Pay Cost
2025 Heath Equity Health Savings Account	1/1/2025	Health Savings Account	$0.00	$25.00
2025 Heath Equity Health Savings Account	2/1/2025	Health Savings Account	$5.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	Health Savings Account	$0.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	Health Savings Account	$30.00	$25.00
2025 Heath Equity Health Savings Account	2/1/2025	Health Savings Account	$5.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	Health Savings Account	$0.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	Health Savings Account	$0.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	Health Savings Account	$0.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	Health Savings Account	$137.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	Health Savings Account	$0.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	Health Savings Account	$25.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	Health Savings Account	$0.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	Health Savings Account	$50.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	Health Savings Account	$0.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	Health Savings Account	$0.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	Health Savings Account	$50.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	Health Savings Account	$0.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	Health Savings Account	$25.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	Health Savings Account	$175.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	Health Savings Account	$0.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	Health Savings Account	$50.00	$25.00
2025 Heath Equity Health Savings Account	1/1/2025	Health Savings Account	$10.00	$25.00
			$562.00	$550.00
		Total	$1,112.00	

Memorial Medical Center
Transfer Request

Amount: 500,000.00 **Date:** 2/10/2025

From Account: Nexbank Money Market [redacted]

To Account: Operating [redacted]

APPROVED ON
FEB 10 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Explanation:

TRANSFER FUNDS FROM PROSPERITY MONEY MARKET TO PROSPERITY OPERATING

Requested by: Caitlin Clevenger **Date:** 2/10/2025

Authorized by: Michelle Caldwell **Date:** 2/10/25

RECEIVED BY THE
COUNTY AUDITOR ON

FEB 06 2025

CALHOUN COUNTY, TEXAS

02/06/2025
12:04

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 02/21/2025
Class Pay Code

0
ap_open_invoice.template

Vendor#	Vendor Name
11824	THE CRESCENT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
013025		01/31/202	01/30/202	02/21/202			2,400.00	0.00	0.00	2,400.00
020525	ins. pmt alle. into mmc opt. in error	02/06/202	02/05/202	02/21/202			204.00	0.00	0.00	204.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	2,604.00	0.00	0.00	2,604.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,604.00	0.00	0.00	2,604.00

APPROVED ON

FEB 06 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Check 207580

RECEIVED BY THE COUNTY AUDITOR ON

FEB 06 2025

02/06/2025
12:05

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 02/21/2025

0
ap_open_invoice.template

CALHOUN COUNTY, TEXAS

Vendor# Vendor Name Class Pay Code
11836 GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
012825		01/31/202	01/28/202	02/06/202			4,386.70	0.00	0.00	4,386.70
012825A	ins. pmt dep. into MMC opt. in error	01/31/202	01/28/202	02/21/202			5,357.70	0.00	0.00	5,357.70
012925A		01/31/202	01/29/202	02/06/202			406.07	0.00	0.00	406.07
012925		01/31/202	01/29/202	02/21/202			2,531.16	0.00	0.00	2,531.16
012925B		01/31/202	01/29/202	02/21/202			1,867.60	0.00	0.00	1,867.60
013025		01/31/202	01/30/202	02/06/202			1,428.00	0.00	0.00	1,428.00
013125		01/31/202	01/31/202	02/21/202			3,428.45	0.00	0.00	3,428.45
020525A		02/06/202	02/05/202	02/21/202			100.30	0.00	0.00	100.30
020525		02/06/202	02/05/202	02/21/202			61.52	0.00	0.00	61.52

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE	19,567.50	0.00	0.00	19,567.50

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	19,567.50	0.00	0.00	19,567.50

APPROVED ON

FEB 06 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 207579

RECEIVED BY THE COUNTY AUDITOR ON

FEB 06 2025

CALHOUN COUNTY, TEXAS

02/06/2025
12:04

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 02/21/2025
Class Pay Code

0
ap_open_invoice.template

Vendor# Vendor Name
13004 TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
012825		01/31/202	01/28/202	02/21/202			14,400.00	0.00	0.00	14,400.00
012825A	ins. pmt Dep. into mmc acct. in error	01/31/202	01/28/202	02/21/202			20,505.00	0.00	0.00	20,505.00
013025		01/31/202	01/30/202	02/21/202			3,672.00	0.00	0.00	3,672.00
020425		02/06/202	02/04/202	02/21/202			3,030.00	0.00	0.00	3,030.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE	41,607.00	0.00	0.00	41,607.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	41,607.00	0.00	0.00	41,607.00

APPROVED ON

FEB 06 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 207581

RECEIVED BY THE COUNTY AUDITOR ON

FEB 06 2025

CALHOUN COUNTY, TEXAS

02/06/2025
12:04

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 02/21/2025
Class Pay Code

0
ap_open_invoice.template

Vendor# Vendor Name
12792 BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
012825		01/31/202	01/28/202	02/21/202			10,851.28	0.00	0.00	10,851.28
013125	ins. pmt. dep. into mmc acct. in error	01/31/202	01/31/202	02/21/202			937.91	0.00	0.00	937.91
020325A		02/06/202	02/03/202	02/21/202			294.95	0.00	0.00	294.95
020325		02/06/202	02/03/202	02/21/202			4,153.82	0.00	0.00	4,153.82

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12792	BETHANY SENIOR LIVING	16,237.96	0.00	0.00	16,237.96

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	16,237.96	0.00	0.00	16,237.96

APPROVED ON

FEB 06 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 207578

RECEIVED BY THE
COUNTY AUDITOR ON

FEB 06 2025

CALHOUN COUNTY, TEXAS

02/06/2025
12:06

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 02/21/2025

0
ap_open_invoice.template

Vendor# Vendor Name
11088 CANTEX HEALTH CARE CENTERS LLC

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
020425		02/06/202	02/04/202	02/21/202			8,499.22	0.00	0.00	8,499.22
020525A	ins. pmt. Dep. into mmc opt. in error	02/06/202	02/05/202	02/06/202			7,491.79	0.00	0.00	7,491.79
020525		02/06/202	02/05/202	02/21/202			18,920.25	0.00	0.00	18,920.25

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11088	CANTEX HEALTH CARE CENTERS LLC	34,911.26	0.00	0.00	34,911.26

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	34,911.26	0.00	0.00	34,911.26

APPROVED ON

FEB 06 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 207582

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
2/10/2025

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		38,027.08	37,927.08	38,376.96			38,476.96	**38,376.96**
						Bank Balance	38,476.96	
						Variance	-	
						Leave in Balance	100.00	

Routing Information for Ashford Gardens:

Ashford Health Care Center Ltd Co
JP Morgan Chase Bank

						Adjust Balance/Transfer Amt	**38,376.96**	
Broadmoor		88,602.46	88,502.46	61,777.95		-	61,877.95	**60,109.55**
						Bank Balance	61,877.95	
						Variance	-	
						Leave in Balance	100.00	
						QIPP Y7 ADJ1	1,668.40	

						Adjust Balance/Transfer Amt	**60,109.55**	
Crescent		342,343.54	342,243.54	205,013.21			205,113.21	**191,543.16**
						Bank Balance	205,113.21	
						Variance	-	
						Leave in Balance	100.00	
						QIPP Y7 ADJ1	1,370.05	
						Claim Payment owed to Tuscany	2,500.00	
						Claim Payment owed to Tuscany	9,600.00	

						Adjust Balance/Transfer Amt	**191,543.16**	
Fort Bend		4,224.76	4,124.76	27,816.39			27,916.39	**26,278.06**
						Bank Balance	27,916.39	
						Variance	-	
						Leave in Balance	100.00	
						QIPP Y7 ADJ1	1,538.33	

						Adjust Balance/Transfer Amt	**26,278.06**	
Solera at W Houston		232,746.17	232,646.17	47,573.15			47,673.15	**46,060.63**
						Bank Balance	47,673.15	
						Variance	-	
						Leave in Balance	100.00	
						QIPP Y7 ADJ1	1,512.52	

38,376.96 +
60,109.55 +
191,543.16 +
26,278.06 +
46,060.63 +
362,368.36 ◊

West Houston / Fort Bend / Broadmoor:

	Adjust Balance/Transfer Amt	**46,060.63**
TOTAL TRANSFERS		**362,368.36**

Approved:
Michelle Cumberland, Controller **2/10/2025**

APPROVED ON
FEB 10 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
2/7/2025	NOVITAS SOLUTION HCCLAIMPMT 675423 420000123	-	13,679.56					-	13,679.56
2/5/2025	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	37,927.08	-					-	-
2/5/2025	HNB - ECHO HCCLAIMPMT 746003411 440000208954	-	11,260.01					-	11,260.01
2/3/2025	HNB - ECHO HCCLAIMPMT 746003411 440000290867	-	13,437.39					-	13,437.39
								-	-
		37,927.08	38,376.96	-	-	-	-	-	38,376.96

Broadmoor		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
2/7/2025	HNB - ECHO HCCLAIMPMT 746003411 440000292703	-	14,353.56					-	14,353.56
2/7/2025	MOLINA HEALTHCAR MOLINAACH 01364745 42000015	-	3,368.54	939.60	276.08	415.28	1,737.98	1,668.40	1,700.54
2/5/2025	WIRE OUT CANTEX HEALTH CARE CENTERS III	88,502.46	-					-	-
2/5/2025	HNB - ECHO HCCLAIMPMT 746003411 440000208537	-	22,021.34					-	22,021.34
2/5/2025	HNB - ECHO HCCLAIMPMT 746003411 440000208537	-	2,017.05					-	2,017.05
2/5/2025	HNB - ECHO HCCLAIMPMT 746003411 440000208954	-	3,682.18					-	3,682.18
2/4/2025	HNB - ECHO HCCLAIMPMT 746003411 440000259994	-	5,940.92					-	5,940.92
2/3/2025	HNB - ECHO HCCLAIMPMT 746003411 440000290867	-	10,393.96					-	10,393.96
								-	-
		88,502.46	61,777.95	939.60	276.08	415.28	1,737.98	1,668.40	60,109.55

Crescent		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
2/7/2025	NOVITAS SOLUTION HCCLAIMPMT 676323 420000123	-	23,834.03					-	23,834.03
2/7/2025	MOLINA HEALTHCAR MOLINAACH 01364702 42000015	-	2,932.02	700.64	206.48	308.56	1,716.34	1,370.05	1,561.97
2/6/2025	HNB - ECHO HCCLAIMPMT 746003411 440000251034	-	7,233.14					-	7,233.14
2/6/2025	NOVITAS SOLUTION HCCLAIMPMT 676323 420000105	-	1,488.52					-	1,488.52
2/5/2025	WIRE OUT CANTEX HEALTH CARE CENTERS III	342,243.54	-					-	-
2/5/2025	HNB - ECHO HCCLAIMPMT 746003411 440000208537	-	53,406.73					-	53,406.73
2/5/2025	HNB - ECHO HCCLAIMPMT 746003411 440000208264	-	8,440.80					-	8,440.80
2/5/2025	DEVOTED HEALTH P HCCLAIMPMT 21000022965632	-	1,200.00					-	1,200.00
2/5/2025	DEVOTED HEALTH P HCCLAIMPMT 21000022965630	-	6,400.00					-	6,400.00
2/4/2025	NOVITAS SOLUTION HCCLAIMPMT 676323 420000165	-	42,378.00					-	42,378.00
2/3/2025	HNB - ECHO HCCLAIMPMT 746003411 440000291178	-	11,114.33					-	11,114.33
2/3/2025	HNB - ECHO HCCLAIMPMT 746003411 440000290480	-	4,910.40					-	4,910.40
2/3/2025	DEVOTED HEALTH P HCCLAIMPMT 21000029725464	-	7,200.00					-	7,200.00
2/3/2025	NOVITAS SOLUTION HCCLAIMPMT 676323 420000180	-	34,475.24					-	34,475.24
								-	-
		342,243.54	205,013.21	700.64	206.48	308.56	1,716.34	1,370.05	203,643.16

Fort Bend		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
2/7/2025	NOVITAS SOLUTION HCCLAIMPMT 675663 420000123	-	5,588.84					-	5,588.84
2/7/2025	MOLINA HEALTHCAR MOLINAACH 01364365 42000015	-	3,276.40	793.44	234.32	350.32	1,898.32	1,538.33	1,738.07
2/7/2025	AARP Supplementa HCCLAIMPMT 746003411 124384	-	389.37					-	389.37
2/5/2025	WIRE OUT CANTEX HEALTH CARE CENTERS III	4,124.76	-					-	-
2/4/2025	NOVITAS SOLUTION HCCLAIMPMT 675663 420000165	-	18,561.78					-	18,561.78
								-	-
		4,124.76	27,816.39	793.44	234.32	350.32	1,898.32	1,538.33	26,278.06

Solera at West Houston		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
2/7/2025	MOLINA HEALTHCAR MOLINAACH 01364659 42000015	-	3,266.16	760.96	222.72	324.80	1,957.68	1,512.52	1,753.64
2/6/2025	MANAGEANDNET1718 MNS PMNT 000000000002482 41	-	10,086.98					-	10,086.98
2/6/2025	HNB - ECHO HCCLAIMPMT 746003411 440000251862	-	5,296.95					-	5,296.95
2/6/2025	NOVITAS SOLUTION HCCLAIMPMT 676310 420000105	-	18,357.44					-	18,357.44
2/5/2025	WIRE OUT CANTEX HEALTH CARE CENTERS III	232,646.17	-					-	-
2/5/2025	HNB - ECHO HCCLAIMPMT 746003411 440000208954	-	611.22					-	611.22
2/3/2025	NOVITAS SOLUTION HCCLAIMPMT 676310 420000180	-	9,954.40					-	9,954.40
								-	-
		232,646.17	47,573.15	760.96	222.72	324.80	1,957.68	1,512.52	46,060.63

TOTALS			380,557.66	3,194.64	939.60	1,398.96	7,310.32	6,089.30	374,468.36

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,698,760.93	$1,659,224.45	$1,698,760.93	$1,706,727.37
*4381 MEMORIAL MEDICAL / NH ASHFORD	$38,476.96	$38,476.96	$38,476.96	$24,797.40
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$61,877.95	$61,877.95	$61,877.95	$44,155.45
*4411 MEMORIAL MEDICAL / NH CRESCENT	$205,113.21	$209,533.46	$205,113.21	$178,347.16
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$47,673.15	$93,958.30	$47,673.15	$44,406.99
*4446 MEMORIAL MEDICAL / NH FORT BEND	$27,916.39	$27,916.39	$27,916.39	$18,661.78
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$148,337.55	$148,465.20	$148,337.55	$43,217.43
*4551 CAL CO INDIGENT HEALTHCARE	$9,660.86	$9,660.86	$9,660.86	$5,502.88
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$100.00	$100.00	$100.00	$100.00
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$110.77	$110.77	$110.77	$110.77
*5506 MMC -NH BETHANY SENIOR LIVING	$52,570.92	$52,570.92	$52,570.92	$52,405.53
*3407 MMC -NH TUSCANY VILLAGE	$125,830.68	$135,234.74	$125,830.68	$56,185.36
*2998 MMC -MONEY MARKET FUND	$263,786.57	$263,786.57	$263,786.57	$263,786.57
*7168 MEMORIAL MEDICAL CENTER - LOCKBOX MONEY MKT	$39.73	$39.73	$39.73	$39.73
Total Balance	**$2,680,255.67**	**$2,700,956.30**	**$2,680,255.67**	**$2,438,444.42**

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
2/10/2025

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	[redacted]	9,383.36	9,124.39	148,078.58		-	148,337.55	148,078.58
						Bank Balance	148,337.55	
						Variance	-	
						Leave in Balance	100.00	
						January Interest	158.97	
						Adjust Balance/Transfer Amt	148,078.58	

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: MSC
Michelle Cumberland, Controller 2/10/2025

APPROVED ON
FEB 10 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek					MMC PORTION					
		Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
2/7/2025	Deposit	-	80,080.12					-	80,080.12
2/7/2025	TSYS/TRANSFIRST CR CD DEP 5436845558769l7 43	-	7,420.00					-	7,420.00
2/7/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001820	-	4,620.00					-	4,620.00
2/7/2025	Am Health TX PAYMENT 21531 84307030010261	-	13,000.00					-	13,000.00
2/6/2025	TSYS/TRANSFIRST CR CD DEP 5436845558769l7 43	-	3,182.13					-	3,182.13
2/5/2025	WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	9,124.39	-					-	-
2/4/2025	TSYS/TRANSFIRST CR CD DEP 5436845558769l7 43	-	158.00					-	158.00
2/4/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001801	-	3,201.00					-	3,201.00
2/4/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001801	-	6,116.57					-	6,116.57
2/4/2025	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	24,076.39					-	24,076.39
2/3/2025	TSYS/TRANSFIRST CR CD DEP 5436845558769l7 43	-	100.00					-	100.00
2/3/2025	TSYS/TRANSFIRST CR CD DEP 5436845558769l7 43	-	4,620.00					-	4,620.00
2/3/2025	TSYS/TRANSFIRST CR CD DEP 5436845558769l7 43	-	73.37					-	73.37
2/3/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001353	-	1,431.00					-	1,431.00
		9,124.39	148,078.58	-	-	-	-	-	148,078.58

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,698,760.93	$1,659,224.45	$1,698,760.93	$1,706,727.37
*4381 MEMORIAL MEDICAL / NH ASHFORD	$38,476.96	$38,476.96	$38,476.96	$24,797.40
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$61,877.95	$61,877.95	$61,877.95	$44,155.45
*4411 MEMORIAL MEDICAL / NH CRESCENT	$205,113.21	$209,533.46	$205,113.21	$178,347.16
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$47,673.15	$93,958.30	$47,673.15	$44,406.99
*4446 MEMORIAL MEDICAL / NH FORT BEND	$27,916.39	$27,916.39	$27,916.39	$18,661.78
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$148,337.55	$148,465.20	$148,337.55	$43,217.43
*4551 CAL CO INDIGENT HEALTHCARE	$9,660.86	$9,660.86	$9,660.86	$5,502.88
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$100.00	$100.00	$100.00	$100.00
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$110.77	$110.77	$110.77	$110.77
*5506 MMC -NH BETHANY SENIOR LIVING	$52,570.92	$52,570.92	$52,570.92	$52,405.53
*3407 MMC -NH TUSCANY VILLAGE	$125,830.68	$135,234.74	$125,830.68	$56,185.36
*2998 MMC -MONEY MARKET FUND	$263,786.57	$263,786.57	$263,786.57	$263,786.57
*7168 MEMORIAL MEDICAL CENTER - LOCKBOX MONEY MKT	$39.73	$39.73	$39.73	$39.73
Total Balance	**$2,680,255.67**	**$2,700,956.30**	**$2,680,255.67**	**$2,438,444.42**

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
2/10/2025

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		291.53	191.53	-			-	100.00	-
							Bank Balance	100.00	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	-	

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		110.77	-	-		-	-	110.77	-
							Bank Balance	110.77	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	10.77	
						TOTAL TRANSFERS		10.77	

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:
Michelle Cumberland, Controller 2/10/2025

APPROVED ON
FEB 10 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

2/5/2025 WIRE OUT HMG Rockport SNF, LP -Commerical

		MMC PORTION					
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
191.53	-					-	-
						-	-
						-	-
						-	-
191.53	-	-	-	-	-	-	-

Gulf Pointe Plaza-Medicare/Medicaid

		MMC PORTION					
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
						-	-
						-	-
-	-	-	-	-	-	-	-
191.53	-	-	-	-	-	-	-

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,698,760.93	$1,659,224.45	$1,698,760.93	$1,706,727.37
*4381 MEMORIAL MEDICAL / NH ASHFORD	$38,476.96	$38,476.96	$38,476.96	$24,797.40
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$61,877.95	$61,877.95	$61,877.95	$44,155.45
*4411 MEMORIAL MEDICAL / NH CRESCENT	$205,113.21	$209,533.46	$205,113.21	$178,347.16
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$47,673.15	$93,958.30	$47,673.15	$44,406.99
*4446 MEMORIAL MEDICAL / NH FORT BEND	$27,916.39	$27,916.39	$27,916.39	$18,661.78
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$148,337.55	$148,465.20	$148,337.55	$43,217.43
*4551 CAL CO INDIGENT HEALTHCARE	$9,660.86	$9,660.86	$9,660.86	$5,502.88
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$100.00	$100.00	$100.00	$100.00
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$110.77	$110.77	$110.77	$110.77
*5506 MMC -NH BETHANY SENIOR LIVING	$52,570.92	$52,570.92	$52,570.92	$52,405.53
*3407 MMC -NH TUSCANY VILLAGE	$125,830.68	$135,234.74	$125,830.68	$56,185.36
*2998 MMC -MONEY MARKET FUND	$263,786.57	$263,786.57	$263,786.57	$263,786.57
*7168 MEMORIAL MEDICAL CENTER - LOCKBOX MONEY MKT	$39.73	$39.73	$39.73	$39.73
Total Balance	**$2,680,255.67**	**$2,700,956.30**	**$2,680,255.67**	**$2,438,444.42**

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
2/10/2025

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		154,312.13	154,212.13	125,730.68	-	-	-	125,830.68	122,762.86
							Bank Balance	125,830.68	
							Variance	-	
							Leave in Balance	100.00	
							QIPP Y7 ADJ1	2,967.82	
							Adjust Balance/Transfer Amt	122,762.86	

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

Approved:
Michelle Cumberland, Controller 2/10/2025

APPROVED ON
FEB 10 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Tuscany Village		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
2/7/2025	Deposit	-	40,702.08					-	40,702.08
2/7/2025	Deposit	-	24,504.00					-	24,504.00
2/7/2025	MOLINA HEALTHCAR MOLINAACH 01364739 42000015	-	4,439.24	1,496.40	440.80	28.50	2,473.54	2,967.82	1,471.42
2/6/2025	HNB - ECHO HCCLAIMPMT 746003411 440000251034	-	16,522.53					-	16,522.53
2/5/2025	WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	154,212.13	-					-	-
2/5/2025	HNB - ECHO HCCLAIMPMT 746003411 440000208537	-	2,420.85					-	2,420.85
2/5/2025	NOVITAS SOLUTION HCCLAIMPMT 676201 420000163	-	31,331.95					-	31,331.95
2/4/2025	HNB - ECHO HCCLAIMPMT 746003411 440000260618	-	5,810.03					-	5,810.03
								-	-
		154,212.13	125,730.68	1,496.40	440.80	28.50	2,473.54	2,967.82	122,762.86

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,698,760.93	$1,659,224.45	$1,698,760.93	$1,706,727.37
*4381 MEMORIAL MEDICAL / NH ASHFORD	$38,476.96	$38,476.96	$38,476.96	$24,797.40
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$61,877.95	$61,877.95	$61,877.95	$44,155.45
*4411 MEMORIAL MEDICAL / NH CRESCENT	$205,113.21	$209,533.46	$205,113.21	$178,347.16
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$47,673.15	$93,958.30	$47,673.15	$44,406.99
*4446 MEMORIAL MEDICAL / NH FORT BEND	$27,916.39	$27,916.39	$27,916.39	$18,661.78
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$148,337.55	$148,465.20	$148,337.55	$43,217.43
*4551 CAL CO INDIGENT HEALTHCARE	$9,660.86	$9,660.86	$9,660.86	$5,502.88
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$100.00	$100.00	$100.00	$100.00
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$110.77	$110.77	$110.77	$110.77
*5506 MMC -NH BETHANY SENIOR LIVING	$52,570.92	$52,570.92	$52,570.92	$52,405.53
*3407 MMC -NH TUSCANY VILLAGE	$125,830.68	$135,234.74	$125,830.68	$56,185.36
*2998 MMC -MONEY MARKET FUND	$263,786.57	$263,786.57	$263,786.57	$263,786.57
*7168 MEMORIAL MEDICAL CENTER - LOCKBOX MONEY MKT	$39.73	$39.73	$39.73	$39.73
Total Balance	**$2,680,255.67**	**$2,700,956.30**	**$2,680,255.67**	**$2,438,444.42**

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
2/10/2025

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		264,197.42	263,928.62	52,302.12				52,570.92	52,302.12
							Bank Balance	52,570.92	
							Variance	-	
							Leave in Balance	100.00	
							January Interest	168.80	
							Adjust Balance/Transfer Amt	52,302.12	

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

Approved:
Michelle Cumberland, Controller 2/10/2025

APPROVED ON
FEB 10 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Lavaca Bay Nursing and Rehab		Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
				QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
2/7/2025	HNB - ECHO HCCLAIMPMT 746003411 440000292703	-	165.39					-	165.39
2/5/2025	WIRE OUT REG Leased OpCo LLC	263,928.62	-					-	-
2/5/2025	NDC SWEEP FAC 02330 56009680009161 SWEEP FR	-	12,783.40					-	12,783.40
2/5/2025	HNB - ECHO HCCLAIMPMT 746003411 440000208264	-	613.46					-	613.46
2/5/2025	Deposit	-	38,174.37					-	38,174.37
2/4/2025	HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	565.50					-	565.50
								-	-
		263,928.62	52,302.12	-	-	-	-	-	52,302.12

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,698,760.93	$1,659,224.45	$1,698,760.93	$1,706,727.37
*4381 MEMORIAL MEDICAL / NH ASHFORD	$38,476.96	$38,476.96	$38,476.96	$24,797.40
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$61,877.95	$61,877.95	$61,877.95	$44,155.45
*4411 MEMORIAL MEDICAL / NH CRESCENT	$205,113.21	$209,533.46	$205,113.21	$178,347.16
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$47,673.15	$93,958.30	$47,673.15	$44,406.99
*4446 MEMORIAL MEDICAL / NH FORT BEND	$27,916.39	$27,916.39	$27,916.39	$18,661.78
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$148,337.55	$148,465.20	$148,337.55	$43,217.43
*4551 CAL CO INDIGENT HEALTHCARE	$9,660.86	$9,660.86	$9,660.86	$5,502.88
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$100.00	$100.00	$100.00	$100.00
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$110.77	$110.77	$110.77	$110.77
*5506 MMC -NH BETHANY SENIOR LIVING	$52,570.92	$52,570.92	$52,570.92	$52,405.53
*3407 MMC -NH TUSCANY VILLAGE	$125,830.68	$135,234.74	$125,830.68	$56,185.36
*2998 MMC -MONEY MARKET FUND	$263,786.57	$263,786.57	$263,786.57	$263,786.57
*7168 MEMORIAL MEDICAL CENTER - LOCKBOX MONEY MKT	$39.73	$39.73	$39.73	$39.73
Total Balance	**$2,680,255.67**	**$2,700,956.30**	**$2,680,255.67**	**$2,438,444.42**

✓ Broadmoor

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center

Date Requested: 2/10/2025

APPROVED ON
FEB 10 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 000298

FOR ACCT USE ONLY

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

AMOUNT: $ 1,668.40 ✓

G/L NUMBER: 10255040

EXPLANATION: QIPP Y7 ADJ 1

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: MSC

✓ Crescent

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center

Date Requested: 2/10/2025

APPROVED ON
FEB 10 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 000383

FOR ACCT USE ONLY

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

AMOUNT: $ 1,370.05 ✓

G/L NUMBER: 10255040

EXPLANATION: QIPP Y7 ADJ 1

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: ✓ MSL

Fort Bend ✓

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center

Date Requested: 2/10/2025

APPROVED ON
FEB 10 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 0002666

FOR ACCT USE ONLY

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

AMOUNT: $ 1,538.33 ✓

G/L NUMBER: 10255040

EXPLANATION: QIPP Y7 ADJ 1

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: ✓ MSL

✓ Solera

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center

Date Requested: 2/10/2025

APPROVED ON
FEB 10 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk# 001322

FOR ACCT USE ONLY

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

AMOUNT: $ 1,512.52 ✓

G/L NUMBER: 10255040

EXPLANATION: QIPP Y7 ADJ 1

✓

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: MSL

Tuscany

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center

Date Requested: 2/10/2025

APPROVED ON
FEB 10 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 001180

FOR ACCT USE ONLY

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

AMOUNT: $ 2,967.82 ✓

G/L NUMBER: 10255040

EXPLANATION: QIPP Y7 ADJ 1

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: MSL

QIPP Payment to MMC from Nursing Facilities **Commissioner's Court** **2/12/2025**

NH Name	From Bank Acct #	Ck #	Payee	GL #	QIPP Y5 FINAL ADJ			TOTAL	Date
Ashford	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040				-	2/12/2025
Broadmoor	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040	1,668.40			1,668.40	2/12/2025
Crescent	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040	1,370.05			1,370.05	2/12/2025
Fort Bend	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040	1,538.33			1,538.33	2/12/2025
Solera	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040	1,512.52			1,512.52	2/12/2025
Golden Creek	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040				-	2/12/2025
Bethany	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040				-	2/12/2025
Tuscany	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040	2,967.82			2,967.82	2/12/2025
				Total:	**9,057.12**	-	-	**9,057.12**	

Note:

Approved: MSC

Michelle Cumberland, Controller 2/10/2025

Crescent

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Tuscany Village

Date Requested: 2/10/2025

APPROVED ON
FEB 10 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 000385

FOR ACCT USE ONLY

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

AMOUNT: $ 2,500.00 ✓

G/L NUMBER: 21400007

EXPLANATION: Claim Payment

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: MLC

Crescent

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE

Tuscany Village

Date Requested: 2/10/2025

APPROVED ON
FEB 10 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# D00385

FOR ACCT USE ONLY

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

AMOUNT: $ 9,600.00 ✓

G/L NUMBER: 21400007

EXPLANATION: Claim Payment

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: ✓ MSC

MP

MEMORIAL MEDICAL CENTER
NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001322

Date 2.13.25 88-2265/1131

PAY
TO THE ORDER OF MMC Operating $ 1,512. 52/100

One thousand, five hundred twelve dollars & 52/100 DOLLARS

PROSPERITY BANK®

county auditor

MP
county treasurer

FOR QIPP y7 Adj 1

[redacted]

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

MP

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

001180

Date 2.13.25 88-2265/1131

PAY
TO THE ORDER OF MMC Operating $ 2,967. 82/100

Two thousand, nine hundred sixty-seven dollars & 82/100 DOLLARS

PROSPERITY BANK®

county auditor

MP
county treasurer

FOR QIPP y7 Adj 1

[redacted]

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

MP

MEMORIAL MEDICAL CENTER
NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000385

Date 2.13.25 88-2265/1131

PAY
TO THE ORDER OF Tuscany Village $ 12,100. 00/100

Twelve thousand, one hundred dollars & 00/100 DOLLARS

PROSPERITY BANK®

county auditor

MP
county treasurer

FOR Claim payment

[redacted]

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

MEMORIAL MEDICAL CENTER
NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

MP
000298

88-2265/1131

Date 2-13-25

PAY
TO THE ORDER OF MMC Operating $ 1,668.40/100

One thousand, six hundred sixty-eight dollars & 40/100 DOLLARS

PROSPERITY BANK

County auditor

MP
County treasurer

FOR QIPP 47 Adj 1

Security features are included. Details on back.

[redacted]

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MEMORIAL MEDICAL CENTER
NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

MP
000383

Date 2-13-25

88-2265/1131

PAY
TO THE ORDER OF MMC Operating $ 1370.05/100

One thousand, three hundred seventy dollars & 05/100 DOLLARS

PROSPERITY BANK

County auditor

MP
County treasurer

FOR QIPP 47 Adj 1

Security features are included. Details on back.

[redacted]

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

MEMORIAL MEDICAL CENTER
NH FORT BEND
815 N VIRGINIA ST
PORT LAVACA, TX 77979

MP
000266

Date 2-13-25

88-2265/1131

PAY
TO THE ORDER OF MMC Operating $ 1,538.33/100

One thousand, five hundred thirty-eight dollars & 33/100 DOLLARS

PROSPERITY BANK

County auditor

MP
County treasurer

FOR QIPP Adj 1 47

Security features are included. Details on back.

[redacted]

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RUN DATE:02/13/25 MEMORIAL MEDICAL CENTER PAGE 1
TIME:10:00 CHECK REGISTER GLCKREG
02/13/25 THRU 02/13/25

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
NHF *	000266	02/13/25	1,538.33	MMC OPERATING
NHB *	000298	02/13/25	1,668.40	MMC OPERATING
NHC *	000383	02/13/25	1,370.05	MMC OPERATING
NHC *	000385	02/13/25	12,100.00	TUSCANY VILLAGE
TUS *	001180	02/13/25	2,967.82	MMC OPERATING
NHS	001322	02/13/25	1,512.52	MMC OPERATING
TOTALS:			21,157.12	