

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---March 11, 2026

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$	961,548.31
TOTAL TRANSFERS BETWEEN FUNDS	\$	421,601.61
TOTAL NURSING HOME UPL EXPENSES	\$	191,145.19
TOTAL INTER-GOVERNMENT TRANSFERS	\$	-
GRAND TOTAL DISBURSEMENTS APPROVED March 11, 2026	\$	1,574,295.11

APPROVED

MAR 11 2026

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---March 11, 2026

PAYABLES AND PAYROLL

3/5/2026 Weekly Payables	423,931.56
3/9/2026 McKesson-340B Prescription Expense	4,103.63
3/9/2026 Cencora-340B Prescription Expense	215.24
3/9/2026 Cencora-340B Prescription Expense	796.54
3/9/2026 Payroll Liabilities-Payroll Taxes	115,573.56
3/9/2026 Payroll	379,604.43

Prosperity Electronic Bank Payments

3/9/2026 90 Degree Benefits - employee insurance claims	30,513.25
3/9/2026 Sales Tax - March 2026	2,385.13
3/9/2026 Authnet Gateway	26.90
3/9/2026 Pay Plus-Patient Claims Processing Fee	1,961.86
3/9/2026 Credit Card Lease Fee	610.46
3/9/2026 Credit Card Processing Fee	749.93
3/9/2026 Health Equity -HSA Contributions	1,075.82

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS **\$ 961,548.31**

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

3/6/2026 MMC Operating to Bethany/Lavaca Bay-Correction of insurance payment deposited into MMC Operating in error	171,184.58
3/6/2026 MMC Operating to The Crescent-Correction of insurance payment deposited into MMC Operating in error	35.03
3/6/2026 MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	145,363.10
3/6/2026 MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	105,018.90

TOTAL TRANSFERS BETWEEN FUNDS **\$ 421,601.61**

NURSING HOME UPL EXPENSES

3/9/2026 Nursing Home UPL-Nexion Transfer	68,542.00
3/9/2026 Nursing Home UPL-Tuscany Transfer	90,221.98
3/9/2026 Nursing Home UPL-HSL Transfer	32,381.21

TOTAL NURSING HOME UPL EXPENSES **\$ 191,145.19**

TOTAL INTER-GOVERNMENT TRANSFERS **\$ -**

GRAND TOTAL DISBURSEMENTS APPROVED March 11, 2026 **\$ 1,574,295.11**

MAR 05 2026

MEMORIAL MEDICAL CENTER

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03/05/2026

Calhoun County Auditor

AP Open Invoice List

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11:45

Due Dates Through: 03/19/2026

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
14028	AMAZON CAPITAL SERVICES													
				✓ 1W7YGWRF3KLN		02/16/202	02/11/202	03/13/202			5.83	0.00	0.00	5.83 ✓
					SUPPLIES									
				✓ 1L7QCDL49KYL	Painter's tape	02/16/202	02/16/202	03/18/202			139.00	0.00	0.00	139.00 ✓
					SUPPLIES									
				✓ 194PTM3GJLYW	wire wrap	03/04/202	01/30/202	03/01/202			-30.06	0.00	0.00	-30.06 ✓
					SUPPLIES									
				✓ 1VY9YRDFYMFMM	return/credit	03/04/202	02/17/202	02/17/202			-39.99	0.00	0.00	-39.99 ✓
					SUPPLIES									
				✓ 1LF6F3RQ9NXT	return/credit	03/04/202	02/24/202	02/24/202			278.99	0.00	0.00	278.99 ✓
					SUPPLIES									
				✓ 1J11FRYL9VYH	panel light/shop lights	03/04/202	02/24/202	02/24/202			15.99	0.00	0.00	15.99 ✓
					SUPPLIES									
				✓ 1Y3RR444L91KT	air filter replacement	03/04/202	02/24/202	02/24/202			259.63	0.00	0.00	259.63 ✓
					SUPPLIES									
	Vendor Totals: Number	Name									Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES									629.39	0.00	0.00	629.39

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
11247	AVENO NETWORKS													
				✓ 16637		03/02/202	03/01/202	03/11/202			4,500.00	0.00	0.00	4,500.00 ✓
				✓ 16620		03/02/202	03/01/202	03/11/202			850.00	0.00	0.00	850.00 ✓
	Vendor Totals: Number	Name									Gross	Discount	No-Pay	Net
	11247	AVENO NETWORKS									5,350.00	0.00	0.00	5,350.00

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
B1220	BECKMAN COULTER INC	M												
				✓ 112512636		02/24/202	02/18/202	03/15/202			603.89	0.00	0.00	603.89 ✓
					SUPPLIES									
				✓ 112514620	boot covers	02/24/202	02/18/202	03/15/202			135.16	0.00	0.00	135.16 ✓
					SUPPLIES									
				✓ 112517015		02/24/202	02/20/202	03/17/202			146.69	0.00	0.00	146.69 ✓
					SUPPLIES									
				✓ 112518428		02/24/202	02/22/202	03/19/202			46.66	0.00	0.00	46.66 ✓
					SUPPLIES									
				✓ 112518481	freight	02/24/202	02/22/202	03/19/202			228.35	0.00	0.00	228.35 ✓
					SUPPLIES									
				✓ 112515750	calibrators	02/25/202	02/19/202	03/16/202			2,596.02	0.00	0.00	2,596.02 ✓
					SUPPLIES									
				✓ 5512464	freight/sometimes its not charged	03/04/202	02/21/202	03/18/202			1,935.15	0.00	0.00	1,935.15 ✓
					SUPPLIES									
				✓ 4608887	lease	03/04/202	02/21/202	03/18/202			1,484.00	0.00	0.00	1,484.00 ✓
					SUPPLIES									
				✓ 112520666		03/04/202	02/23/202	02/23/202			196.54	0.00	0.00	196.54 ✓
					SUPPLIES									
	Vendor Totals: Number	Name									Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC									7,372.46	0.00	0.00	7,372.46

Vendor# Vendor Name Class Pay Code

✓	8271070		03/04/202	02/23/202	02/23/202		419.50	0.00	0.00	419.50	✓	
		SUPPLIES										
			<i>Spot paper</i>									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net		
	10368	DEWITT POTH & SON					739.89	0.00	0.00	739.89		
Vendor#	Vendor Name		Class	Pay Code								
11291	DOWELL PEST CONTROL											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net		
✓	68680		03/04/202	02/23/202	02/23/202		105.00	0.00	0.00	105.00	✓	
		PEST CONTROL FOR MMC CLINI										
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net		
	11291	DOWELL PEST CONTROL					105.00	0.00	0.00	105.00		
Vendor#	Vendor Name		Class	Pay Code								
12484	EL CAMPO REFRIGERATION											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net		
✓	110738		03/03/202	03/01/202	03/01/202		825.00	0.00	0.00	825.00	✓	
		MONTHLY LEASE	<i>ice/water dispenser</i>									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net		
	12484	EL CAMPO REFRIGERATION					825.00	0.00	0.00	825.00		
Vendor#	Vendor Name		Class	Pay Code								
18296	ENOVATE											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net		
✓	1082774		03/05/202	02/10/202	03/05/202		102.38	0.00	0.00	102.38	✓	
		POWER CORD FOR I.T.										
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net		
	18296	ENOVATE					102.38	0.00	0.00	102.38		
Vendor#	Vendor Name		Class	Pay Code								
10042	ERBE USA INC SURGICAL SYSTEMS											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net		
✓	37260193RI		03/04/202	02/27/202	03/04/202		169.50	0.00	0.00	169.50	✓	
		SUPPLIES										
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net		
	10042	ERBE USA INC SURGICAL SYSTEMS					169.50	0.00	0.00	169.50		
Vendor#	Vendor Name		Class	Pay Code								
F1400	FISHER HEALTHCARE		M									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net		
✓	6864355		02/24/202	02/19/202	03/16/202		13.29	0.00	0.00	13.29	✓	
✓	6864356		02/24/202	02/19/202	03/16/202		2,925.87	0.00	0.00	2,925.87	✓	
		SUPPLIES										
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net		
	F1400	FISHER HEALTHCARE					2,939.16	0.00	0.00	2,939.16		
Vendor#	Vendor Name		Class	Pay Code								
10599	FORVIS											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net		
✓	2814414		02/28/202	02/26/202	02/26/202		74,855.90	0.00	0.00	74,855.90	✓	
		AUDIT SERVICES	<i>end date: 12/31/2025</i>									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net		
	10599	FORVIS					74,855.90	0.00	0.00	74,855.90		
Vendor#	Vendor Name		Class	Pay Code								
11183	FRONTIER											
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net		
✓	022326		03/03/202	02/23/202	02/23/202		26.25	0.00	0.00	26.25	✓	
		FAX LINES										
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net		
	11183	FRONTIER					26.25	0.00	0.00	26.25		
Vendor#	Vendor Name		Class	Pay Code								

14156	FUJI FILM										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓91763733		02/01/202	02/25/202	02/25/202			7,916.67	0.00	0.00	7,916.67 ✓
		MRI MAINT CONTRACT 0325-0424									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14156	FUJI FILM					7,916.67	0.00	0.00	7,916.67
Vendor#	Vendor Name			Class		Pay Code					
12636	FUSION CONNECT										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓1029503932		02/28/202	02/16/202	03/16/202			1,048.72	0.00	0.00	1,048.72 ✓
		TELEPHONE									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		12636	FUSION CONNECT					1,048.72	0.00	0.00	1,048.72
Vendor#	Vendor Name			Class		Pay Code					
11078	FUSION MEDICAL STAFFING, LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓INV958699		02/28/202	02/21/202	03/18/202			1,495.00	0.00	0.00	1,495.00 ✓
		TRAVEL NURSE PT									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11078	FUSION MEDICAL STAFFING, LLC					1,495.00	0.00	0.00	1,495.00
Vendor#	Vendor Name			Class		Pay Code					
11149	GBS ADMINISTRATORS, INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓438188197834		02/28/202	03/02/202	03/01/202			4,512.86	0.00	0.00	4,512.86 ✓
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11149	GBS ADMINISTRATORS, INC					4,512.86	0.00	0.00	4,512.86
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
	✓022726		03/03/202	02/27/202	02/27/202			75.00	0.00	0.00	75.00 ✓
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		G0401	GULF COAST DELIVERY					75.00	0.00	0.00	75.00
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
	✓2728894		02/24/202	02/17/202	03/19/202			175.40	0.00	0.00	175.40 ✓
		SUPPLIES <i>can liners</i>									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		G1210	GULF COAST PAPER COMPANY					175.40	0.00	0.00	175.40
Vendor#	Vendor Name			Class		Pay Code					
H0416	HOLOGIC INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓11630119		03/04/202	02/26/202	02/26/202			253.00	0.00	0.00	253.00 ✓
		SUPPLIES <i>mammopad</i>									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		H0416	HOLOGIC INC					253.00	0.00	0.00	253.00
Vendor#	Vendor Name			Class		Pay Code					
14432	LGC CLINICAL DIAGNOSTICS, INC.										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓90342349		03/05/202	02/03/202	03/05/202			430.00	0.00	0.00	430.00 ✓
		LAB SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14432	LGC CLINICAL DIAGNOSTICS, INC.					430.00	0.00	0.00	430.00
Vendor#	Vendor Name			Class		Pay Code					

M2178 MCKESSON MEDICAL SURGICAL INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 25105267		03/04/202	02/24/202	03/11/202			328.19	0.00	0.00	328.19 ✓
✓ 25112913	SUPPLIES						970.48	0.00	0.00	970.48 ✓

Vendor Totals: Number Name

M2178	MCKESSON MEDICAL SURGICAL INC	Gross	Discount	No-Pay	Net
		1,298.67	0.00	0.00	1,298.67

Vendor# Vendor Name

18092 MEDICAL SOLUTIONS LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 201225460		02/23/202	02/17/202	03/19/202			2,760.00	0.00	0.00	2,760.00 ✓

Vendor Totals: Number Name

18092	MEDICAL SOLUTIONS LLC	Gross	Discount	No-Pay	Net
		2,760.00	0.00	0.00	2,760.00

Vendor# Vendor Name

M2470 MEDLINE INDUSTRIES INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 2412466552	SUPPLIES	02/03/202	02/16/202	03/13/202			21.51	0.00	0.00	21.51 ✓
✓ 2412466553	SUPPLIES	02/03/202	02/16/202	03/13/202			390.39	0.00	0.00	390.39 ✓
✓ 2412466554	SUPPLIES	02/24/202	02/16/202	03/13/202			199.77	0.00	0.00	199.77 ✓
✓ 2412654226	SUPPLIES	02/24/202	02/18/202	03/15/202			90.80	0.00	0.00	90.80 ✓
✓ 2412654225	SUPPLIES	02/24/202	02/18/202	03/15/202			57.37	0.00	0.00	57.37 ✓
✓ 2412654230	SUPPLIES	02/24/202	02/18/202	03/15/202			63.50	0.00	0.00	63.50 ✓
✓ 2412654233	SUPPLIES	02/24/202	02/18/202	03/15/202			2,957.69	0.00	0.00	2,957.69 ✓
✓ 2412654228	SUPPLIES	02/24/202	02/18/202	03/15/202			547.40	0.00	0.00	547.40 ✓
✓ 2412654229	SUPPLIES	02/24/202	02/18/202	03/15/202			273.70	0.00	0.00	273.70 ✓
✓ 2412654227	SUPPLIES	02/24/202	02/18/202	03/15/202			273.70	0.00	0.00	273.70 ✓
✓ 2413428808	CREDIT SUPPLIES	03/04/202	02/21/202	03/18/202			-815.43	0.00	0.00	-815.43 ✓
✓ 2413529741	CREDIT	03/04/202	02/24/202	02/24/202			-2,075.00	0.00	0.00	-2,075.00 ✓
✓ 2413529737	SUPPLIES	03/04/202	02/24/202	02/24/202			38.16	0.00	0.00	38.16 ✓
✓ 2413529739	SUPPLIES	03/04/202	02/24/202	02/24/202			48.58	0.00	0.00	48.58 ✓

Vendor Totals: Number Name

M2470	MEDLINE INDUSTRIES INC	Gross	Discount	No-Pay	Net
		2,072.14	0.00	0.00	2,072.14

Vendor# Vendor Name

M2621 MMC AUXILIARY GIFT SHOP

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 030326	EMPLOYEE DEDUCTIONS	02/28/202	03/03/202	03/03/202			167.89	0.00	0.00	167.89 ✓

Vendor Totals: Number Name

M2621	MMC AUXILIARY GIFT SHOP	Gross	Discount	No-Pay	Net
		167.89	0.00	0.00	167.89

Vendor# Vendor Name

Class Pay Code

10536 MORRIS & DICKSON CO, LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Ne
✓ 4448976		03/03/202	02/17/202	02/27/202			5,075.53	0.00	0.00	5,075.53
✓ 4448977		03/03/202	02/17/202	02/27/202						
✓ CM85116	SUPPLIES						209.35	0.00	0.00	209.35
✓ 4451938		03/03/202	02/17/202	02/27/202			-1,948.48	0.00	0.00	-1,948.48
✓ 4454524	SUPPLIES						88.88	0.00	0.00	88.88
✓ 4451936	SUPPLIES						1,110.83	0.00	0.00	1,110.83 ✓
✓ 4451937	SUPPLIES						0.61	0.00	0.00	0.61 ✓
✓ 4454525	SUPPLIES						87.86	0.00	0.00	87.86 ✓
✓ 4458815	SUPPLIES						13,648.97	0.00	0.00	13,648.97 ✓
✓ 4458813	SUPPLIES						445.42	0.00	0.00	445.42 ✓
✓ 4458812	SUPPLIES						975.53	0.00	0.00	975.53 ✓
✓ 4458811	SUPPLIES						50.90	0.00	0.00	50.90 ✓
✓ 4458814	SUPPLIES						521.98	0.00	0.00	521.98 ✓
✓ 4467627	SUPPLIES						11.84	0.00	0.00	11.84 ✓
✓ 4465125	SUPPLIES						755.71	0.00	0.00	755.71 ✓
✓ 4467628	SUPPLIES						785.44	0.00	0.00	785.44 ✓
✓ 4472323	SUPPLIES						518.24	0.00	0.00	518.24 ✓
✓ 4472322	SUPPLIES						286.30	0.00	0.00	286.30 ✓
✓ 4469346	SUPPLIES						22.57	0.00	0.00	22.57 ✓
✓ 4474863	SUPPLIES						104.77	0.00	0.00	104.77 ✓
✓ 4474867	SUPPLIES						70.08	0.00	0.00	70.08 ✓
✓ 4474862	SUPPLIES						2,129.09	0.00	0.00	2,129.09 ✓
✓ 4476930	SUPPLIES						591.99	0.00	0.00	591.99 ✓
✓ 4474864	SUPPLIES						48.70	0.00	0.00	48.70 ✓
✓ 4474866	SUPPLIES						63.48	0.00	0.00	63.48 ✓
✓ 4478188	SUPPLIES						950.10	0.00	0.00	950.10 ✓
✓ 4474865	SUPPLIES						305.26	0.00	0.00	305.26 ✓
	SUPPLIES						17.52	0.00	0.00	17.52 ✓

✓ 4478189		03/03/202 02/24/202 03/06/202								
✓ 4482501	SUPPLIES					1,591.87	0.00	0.00	1,591.87	
✓ 4480387	SUPPLIES	03/03/202 02/25/202 03/07/202				165.73	0.00	0.00	165.73	
✓ 0193272	SUPPLIES	03/03/202 02/25/202 03/07/202				126.97	0.00	0.00	126.97	
✓ 4482500	SUPPLIES	03/03/202 02/25/202 03/07/202				664.65	0.00	0.00	664.65	
✓ 4482955	SUPPLIES	03/03/202 02/25/202 03/07/202				264.26	0.00	0.00	264.26	✓
✓ 4487494	SUPPLIES	03/03/202 02/25/202 03/07/202				99.54	0.00	0.00	99.54	✓
✓ 4485131	SUPPLIES	03/03/202 02/26/202 03/08/202				176.16	0.00	0.00	176.16	✓
✓ 4487495	SUPPLIES	03/03/202 02/26/202 03/08/202				3,600.36	0.00	0.00	3,600.36	✓
✓ 4495949	SUPPLIES	03/03/202 02/26/202 03/08/202				986.36	0.00	0.00	986.36	✓
✓ 4495948	SUPPLIES	03/03/202 03/01/202 03/11/202				240.33	0.00	0.00	240.33	✓
✓ 4400912A	SUPPLIES	03/03/202 03/01/202 03/11/202				104.21	0.00	0.00	104.21	✓
	SUPPLIES	03/05/202 02/05/202 02/15/202				168.62	0.00	0.00	168.62	✓

Vendor Totals: Number Name Class Pay Code Gross Discount No-Pay Net

10536	MORRIS & DICKSON CO, LLC			35,117.53	0.00	0.00	35,117.53
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Vendor# Vendor Name Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay

11198	NORTH COAST MEDICAL INC	✓ 5450047		02/24/202	02/20/202	02/24/202		
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Vendor Totals: Number Name Class Pay Code Gross Discount No-Pay Net

11198	NORTH COAST MEDICAL INC			113.65	0.00	0.00	113.65
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Vendor# Vendor Name Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay

10152	PARTSSOURCE, LLC	✓ 06179033		02/24/202	02/11/202	03/13/202		
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Vendor Totals: Number Name Class Pay Code Gross Discount No-Pay Net

10152	PARTSSOURCE, LLC			113.65	0.00	0.00	113.65
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Vendor# Vendor Name Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay

S0905	PERFORMANCE HEALTH SUPPLY LLC	✓ IN99703428		02/24/202	02/17/202	03/14/202		
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Vendor Totals: Number Name Class Pay Code Gross Discount No-Pay Net

S0905	PERFORMANCE HEALTH SUPPLY LLC			88.00	0.00	0.00	88.00
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Vendor# Vendor Name Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay

14764	PL-CPR, LLC	✓ 449		03/03/202	02/27/202	02/27/202		
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Vendor Totals: Number Name Class Pay Code Gross Discount No-Pay Net

14764	PL-CPR, LLC			35.33	0.00	0.00	35.33
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Vendor# Vendor Name Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay

01416	QUIDELORTHO SALES COMPANY LLC							
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Vendor Totals: Number Name Class Pay Code Gross Discount No-Pay Net

01416	QUIDELORTHO SALES COMPANY LLC			750.00	0.00	0.00	750.00
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Invoice# 9100315271
Comment SUPPLIES
Tran Dt 03/04/202
Inv Dt 02/23/202
Due Dt 02/23/202
Check Dt Pay

Gross 831.48
Discount 0.00
No-Pay 0.00
Net 831.48

Vendor Totals: Number Name
01416 QUIDELORTHO SALES COMPANY LLC
Vendor# Vendor Name
S1405 SERVICE SUPPLY OF VICTORIA INC
Class W
Pay Code

Gross 831.48
Discount 0.00
No-Pay 0.00
Net 831.48

Invoice# 701295512
Comment FINANCE CHARGE
Tran Dt 03/03/202
Inv Dt 02/28/202
Due Dt 03/10/202
Check Dt Pay

Gross 1.58
Discount 0.00
No-Pay 0.00
Net 1.58

Vendor Totals: Number Name
S1405 SERVICE SUPPLY OF VICTORIA INC
Vendor# Vendor Name
S2001 SIEMENS MEDICAL SOLUTIONS INC
Class M
Pay Code

Gross 1.58
Discount 0.00
No-Pay 0.00
Net 1.58

Invoice# 116864237
Comment
Tran Dt 03/03/202
Inv Dt 02/16/202
Due Dt 03/13/202
Check Dt Pay

Gross 2,617.41
Discount 0.00
No-Pay 0.00
Net 2,617.41

Vendor Totals: Number Name
S2001 SIEMENS MEDICAL SOLUTIONS INC
Vendor# Vendor Name
10699 SIGN AD, LTD.
Class
Pay Code

Gross 2,617.41
Discount 0.00
No-Pay 0.00
Net 2,617.41

Invoice# 323573
Comment
Tran Dt 02/28/202
Inv Dt 03/01/202
Due Dt 03/11/202
Check Dt Pay

Gross 950.00
Discount 0.00
No-Pay 0.00
Net 950.00

Vendor Totals: Number Name
10699 SIGN AD, LTD.
lease ad

Vendor# Vendor Name
S2220 SKIP'S RESTAURANT EQUIPMENT
Class W
Pay Code

Gross 950.00
Discount 0.00
No-Pay 0.00
Net 950.00

Invoice# RINV1999
Comment STEAM TABLE SERVICES
Tran Dt 03/03/202
Inv Dt 02/27/202
Due Dt 02/27/202
Check Dt Pay

Gross 300.00
Discount 0.00
No-Pay 0.00
Net 300.00

Vendor Totals: Number Name
S2220 SKIP'S RESTAURANT EQUIPMENT
Vendor# Vendor Name
12288 SPBS CLINICAL EQUIPMENT SRVC
Class
Pay Code

Gross 300.00
Discount 0.00
No-Pay 0.00
Net 300.00

Invoice# INV050000326
Comment BIOMED MARCH SERVICES
Tran Dt 03/03/202
Inv Dt 03/01/202
Due Dt 03/02/202
Check Dt Pay

Gross 10,230.40
Discount 0.00
No-Pay 0.00
Net 10,230.40

Invoice# 1780006
Comment DEPOT REPAIR *WASHER*
Tran Dt 03/05/202
Inv Dt 02/28/202
Due Dt 03/01/202
Check Dt Pay

Gross 1,173.15
Discount 0.00
No-Pay 0.00
Net 1,173.15

Vendor Totals: Number Name
12288 SPBS CLINICAL EQUIPMENT SRVC
Vendor# Vendor Name
10845 STAPLES
Class
Pay Code

Gross 11,403.55
Discount 0.00
No-Pay 0.00
Net 11,403.55

Invoice# 6057182777
Comment PICKUP CREDIT
Tran Dt 03/04/202
Inv Dt 02/28/202
Due Dt 03/04/202
Check Dt Pay

Gross -109.80
Discount 0.00
No-Pay 0.00
Net ~~-109.80~~

Vendor Totals: Number Name
10845 STAPLES

Corrected
Net ~~-109.80~~

Vendor# Vendor Name
S3960 STERICYCLE, INC
Class
Pay Code

Gross -109.80
Discount 0.00
No-Pay 0.00
Net ~~-109.80~~

Invoice# 8013487090
Comment SHRED SERVICES
Tran Dt 02/23/202
Inv Dt 02/23/202
Due Dt 03/19/202
Check Dt Pay

Gross 3,349.23
Discount 0.00
No-Pay 0.00
Net 3,349.23

Vendor Totals: Number Name
S3960 STERICYCLE, INC

Gross 3,349.23
Discount 0.00
No-Pay 0.00
Net 3,349.23

Vendor#	Vendor Name	Class	Pay Code							
S3940	STERIS CORPORATION	M								
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 15705080		03/04/202	02/18/202	03/15/202			243.54	0.00	0.00	243.54
✓ 15728149	SUPPLIES	03/04/202	02/19/202	03/16/202						
	SUPPLIES						618.18	0.00	0.00	618.18
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	S3940 STERIS CORPORATION						861.72	0.00	0.00	861.72

Vendor#	Vendor Name	Class	Pay Code							
10735	STRYKER SALES, LLC									
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 9211031804		03/04/202	12/10/202	01/09/202			157.55	0.00	0.00	157.55
	SUPPLIES									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	10735 STRYKER SALES, LLC						157.55	0.00	0.00	157.55

Vendor#	Vendor Name	Class	Pay Code							
17248	SUMMIT PAIN AND WELLNESS									
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 1456		02/23/202	02/16/202	03/18/202			4,400.00	0.00	0.00	4,400.00
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	17248 SUMMIT PAIN AND WELLNESS						4,400.00	0.00	0.00	4,400.00

Vendor#	Vendor Name	Class	Pay Code							
12704	TEXAS BURNER & BOILER SERVICES									
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 253948		03/03/202	06/10/202	06/10/202			2,265.00	0.00	0.00	2,265.00
	BOILER MONITOR SERVICES									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	12704 TEXAS BURNER & BOILER SERVICES						2,265.00	0.00	0.00	2,265.00

Vendor#	Vendor Name	Class	Pay Code							
14064	TREVIPAY- WALMART									
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 18B5B78A		03/03/202	02/18/202	02/18/202			-19.88	0.00	0.00	-19.88
✓ 575D9054		03/03/202	02/18/202	02/18/202			19.88	0.00	0.00	19.88
✓ 6CD202E8	SUPPLIES	03/03/202	02/18/202	02/18/202			15.88	0.00	0.00	15.88
	SUPPLIES									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	14064 TREVIPAY- WALMART						15.88	0.00	0.00	15.88

Vendor#	Vendor Name	Class	Pay Code							
U1064	UNIFIRST HOLDINGS INC									
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 2921080822		02/17/202	02/16/202	03/13/202			216.32	0.00	0.00	216.32
✓ 2921080898	LAUNDRY	02/23/202	02/16/202	03/13/202			4,393.94	0.00	0.00	4,393.94
✓ 2921081132	LAUNDRY	02/23/202	02/19/202	03/16/202			3,404.81	0.00	0.00	3,404.81
✓ 2921080683	LINENS	02/28/202	02/12/202	03/09/202			639.00	0.00	0.00	639.00
✓ 2921080681	UNIFORMS	02/28/202	02/12/202	03/09/202			152.85	0.00	0.00	152.85
✓ 2921081149	SUPPLIES/LINENS	02/28/202	02/19/202	02/19/202			332.40	0.00	0.00	332.40
	UNIFORMS									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	U1064 UNIFIRST HOLDINGS INC						332.40	0.00	0.00	332.40

✓ 2921081164	UNIFORMS	02/28/202 02/19/202 03/16/202	604.35	0.00	0.00	604.35 ✓
✓ 2921081212		02/28/202 02/19/202 03/16/202	422.77	0.00	0.00	422.77 ✓
✓ 2921081160	LINENS/SUPPLIES	02/28/202 02/19/202 03/16/202	152.85	0.00	0.00	152.85 ✓
✓ 2921081213	LINENS/SUPPLIES	02/28/202 02/19/202 03/16/202	717.23	0.00	0.00	717.23 ✓
✓ 2921081140	UNIFORMS	03/03/202 02/19/202 03/16/202	54.89	0.00	0.00	54.89 ✓
✓ 2921081158	LINENS/SUPPLIES	03/03/202 02/19/202 03/16/202	318.73	0.00	0.00	318.73 ✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	11,410.14	0.00	0.00	11,410.14

Vendor#	Vendor Name	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
11280	VICTORIA ADVOCATE	✓ 0358023	NEWS PAPER	02/28/202	02/28/202	02/28/202			30.00	0.00	0.00	30.00 ✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11280	VICTORIA ADVOCATE	30.00	0.00	0.00	30.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	342,120.30	0.00	0.00	342,120.30

\$423,931.56

342,120.30 +
 81,701.46 + — added invoice
 109,800.00 — removed credit
 423,931.56 — new total

APPROVED ON
 MAR 05 2026
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS
 CR# 212200-
 212312

RECEIVED

MAR 06 2026

Calhoun County Auditor

03/06/2026
10:19

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 03/19/2026

0
ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

10789 DISCOVERY MEDICAL NETWORK INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ MMC021526		03/06/202	02/15/202	02/16/202			81,701.46	0.00	0.00	81,701.46 ✓

PHYS SERVICES FOR FEB 1-15

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10789	DISCOVERY MEDICAL NETWORK INC	81,701.46	0.00	0.00	81,701.46

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	81,701.46	0.00	0.00	81,701.46

APPROVED ON

MAR 06 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:03/09/26
TIME:09:52

MEMORIAL MEDICAL CENTER
CHECK REGISTER
03/11/26 THRU 03/11/26

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	212260	03/11/26	629.39	AMAZON CAPITAL SERVICES
A/P	212261	03/11/26	5,350.00	AVENO NETWORKS
A/P	212262	03/11/26	.00	VOIDED
A/P	212263	03/11/26	7,372.46	BECKMAN COULTER INC
A/P	212264	03/11/26	30,392.79	CALHOUN COUNTY
A/P	212265	03/11/26	53.35	CENTRAL DRUG
A/P	212266	03/11/26	457.20	CHUBB
A/P	212267	03/11/26	67,783.75	CITIZENS MEDICAL CENTER
A/P	212268	03/11/26	1,283.13	CLEARFLY
A/P	212269	03/11/26	52,241.55	COMPUGROUP MEDICAL - EMDS INC.
A/P	212270	03/11/26	739.89	DEWITT POTH & SON
A/P	212271	03/11/26	81,701.46	DISCOVERY MEDICAL NETWORK INC
A/P	212272	03/11/26	105.00	DOWELL PEST CONTROL
A/P	212273	03/11/26	825.00	EL CAMPO REFRIGERATION
A/P	212274	03/11/26	102.38	ENOVATE
A/P	212275	03/11/26	169.50	ERBE USA INC SURGICAL SYSTEMS
A/P	212276	03/11/26	2,939.16	FISHER HEALTHCARE
A/P	212277	03/11/26	74,855.90	FORVIS
A/P	212278	03/11/26	26.25	FRONTIER
A/P	212279	03/11/26	7,916.67	FUJI FILM
A/P	212280	03/11/26	1,048.72	FUSION CONNECT
A/P	212281	03/11/26	1,495.00	FUSION MEDICAL STAFFING, LLC
A/P	212282	03/11/26	4,512.86	GBS ADMINISTRATORS, INC
A/P	212283	03/11/26	75.00	GULF COAST DELIVERY
A/P	212284	03/11/26	175.40	GULF COAST PAPER COMPANY
A/P	212285	03/11/26	253.00	HOLOGIC INC
A/P	212286	03/11/26	430.00	LGC CLINICAL DIAGNOSTICS, INC.
A/P	212287	03/11/26	1,298.67	MCKESSON MEDICAL SURGICAL INC
A/P	212288	03/11/26	2,760.00	MEDICAL SOLUTIONS LLC
A/P	212289	03/11/26	.00	VOIDED
A/P	212290	03/11/26	2,072.14	MEDLINE INDUSTRIES INC
A/P	212291	03/11/26	167.89	MMC AUXILIARY GIFT SHOP
A/P	212292	03/11/26	.00	VOIDED
A/P	212293	03/11/26	.00	VOIDED
A/P	212294	03/11/26	35,117.53	MORRIS & DICKSON CO, LLC
A/P	212295	03/11/26	113.65	NORTH COAST MEDICAL INC
A/P	212296	03/11/26	88.00	PARTSSOURCE, LLC
A/P	212297	03/11/26	35.33	PERFORMANCE HEALTH SUPPLY LLC
A/P	212298	03/11/26	750.00	PL-CPR, LLC
A/P	212299	03/11/26	831.48	QUIDELORTHO SALES COMPANY LLC
A/P	212300	03/11/26	1.58	SERVICE SUPPLY OF VICTORIA INC
A/P	212301	03/11/26	2,617.41	SIEMENS MEDICAL SOLUTIONS INC
A/P	212302	03/11/26	950.00	SIGN AD, LTD.
A/P	212303	03/11/26	300.00	SKIP'S RESTAURANT EQUIPMENT
A/P	212304	03/11/26	11,403.55	SPBS CLINICAL EQUIPMENT SRVC
A/P	212305	03/11/26	3,349.23	STERICYCLE, INC
A/P	212306	03/11/26	861.72	STERIS CORPORATION
A/P	212307	03/11/26	157.55	STRYKER SALES, LLC
A/P	212308	03/11/26	4,400.00	SUMMIT PAIN AND WELLNESS
A/P	212309	03/11/26	2,265.00	TEXAS BURNER & BOILER SERVICES

RUN DATE:03/09/26
TIME:09:52

MEMORIAL MEDICAL CENTER
CHECK REGISTER
03/11/26 THRU 03/11/26

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	212310	03/11/26	15.88	TREVIPIY- WALMART
A/P	212311	03/11/26	11,410.14	UNIFIRST HOLDINGS INC
A/P *	212312	03/11/26	30.00	VICTORIA ADVOCATE
A/P	212317	03/11/26	145,363.10	GOLDENCREEK HEALTHCARE
A/P	212318	03/11/26	171,184.58	LAVACA BAY NURSING AND REHAB
A/P	212319	03/11/26	35.03	THE CRESCENT
A/P	212320	03/11/26	105,018.90	TUSCANY VILLAGE
TOTALS:			845,533.17	✓

APPROVED ON

MAR 11 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

423,931.56 + -- payables
421,601.61 + -- Ntt xfers
845,533.17 *

MCKESSON

STATEMENT

As of: 03/06/2026

Page: 002

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

DC: 8115
 Customer INV SupplID:
 Territory:

Customer: 632536
 Date: 03/06/2026

As of: 03/06/2026 Page: 002
 Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Cust: 632536 PLEASE CHECK ANY
 Date: 03/06/2026 ITEMS NOT PAID (✓)

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

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

OTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 4,150.04- USD

Future Due: 0.00
 Past Due: 8,337.42-
 Past Payment 8/07/2017: 2,451.97

If Paid By 03/10/2026,
 Pay This Amount: 4,233.79- USD
 If Paid After 03/10/2026,
 Pay this Amount: 4,150.04- USD

Due If Paid On Time:
 USD 4,233.79-
 Disc lost if paid late: 83.75
 Due If Paid Late:
 USD 4,150.04-

3,861.74 + } approval amnts
 241.89 + }
 8,337.42 - + - offset
 4,233.79 - - total

APPROVED ON
 MAR 09 2026

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

3,861.74 +
 241.89 +
 4,103.63 * - approval total

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

MCKESSON

STATEMENT

As of: 03/06/2026

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

DC: 8115
 Customer INV SupplID:
 Territory: 7001

Customer: 256342
 Date: 03/06/2026

As of: 03/06/2026 Page: 001
 Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Cust: 256342 PLEASE CHECK ANY
 Date: 03/06/2026 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
3/02/2026	03/10/2026	7621242621 ✓	271771721	115Invoice	32.13	1,606.74		1,574.61 ✓		7621242621	
3/04/2026	03/10/2026	7621741740 ✓	272208621	115Invoice	2.88	144.12		141.24 ✓		7621741740	
3/04/2026	03/10/2026	7621741741 ✓	272208621	115Invoice	1.00	50.02		49.02 ✓		7621741741	
3/04/2026	03/10/2026	7621741742 ✓	261306200	115Invoice	13.57	678.63		665.06 ✓		7621741742	
3/04/2026	03/10/2026	7621741743 ✓	261466304	115Invoice	6.79	339.32		332.53 ✓		7621741743	
3/04/2026	03/10/2026	7621741744 ✓	262123832	115Invoice	6.79	339.32		332.53 ✓		7621741744	
3/04/2026	03/10/2026	7621741745 ✓	262463097	115Invoice	13.57	678.63		665.06 ✓		7621741745	
3/04/2026	03/10/2026	7621741746 ✓	272208621	115Invoice	2.08	103.77		101.69 ✓		7621741746	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS											
					Subtotals:	3,940.55	USD				
Future Due:	0.00								Due If Paid On Time:		
				If Paid By 03/10/2026,				USD		3,861.74 ✓	
Past Due:	0.00				Pay This Amount:		3,861.74	USD	Disc lost if paid late:		78.81
				If Paid After 03/10/2026,				Due If Paid Late:			
First Payment 2/16/2026	91,795.27				Pay this Amount:		3,940.55	USD	USD		3,940.55

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

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

MCKESSON

STATEMENT

As of: 03/06/2026

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

DC: 8115
 Customer INV SupplD:
 Territory: 7001

Customer: 820405
 Date: 03/06/2026

As of: 03/06/2026 Page: 001
 Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Cust: 820405 PLEASE CHECK ANY
 Date: 03/06/2026 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 820405 HEB PHCY WHSE/MEM MED PHS											
3/06/2026	03/10/2026	7622014142 ✓	B2603-055-296152	115 Invoice	4.94	246.83		241.89 ✓		7622014142	

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

OTAL: Customer Number 820405 HEB PHCY WHSE/MEM MED PHS

Subtotals: 246.83 USD

Future Due: 0.00

Past Due: 0.00

Past Payment 15,020.30
 2/09/2026

If Paid By 03/10/2026,
 Pay This Amount: 241.89 USD

If Paid After 03/10/2026,
 Pay this Amount: 246.83 USD

Due If Paid On Time: 241.89 ✓
 USD
 Disc lost if paid late: 4.94
 Due If Paid Late: 246.83
 USD

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

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

MCKESSON

STATEMENT

As of: 03/06/2026

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

DC: 8115
 Customer INV SupplD:
 Territory:
 Customer: 632536
 Date: 03/06/2026

As of: 03/06/2026 Page: 001
 Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Cust: 632536 PLEASE CHECK ANY
 Date: 03/06/2026 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
3/02/2026	02/27/2026	7781078001	632536	OFFSET		8,337.42-	P	8,337.42-	P	7781078001	

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

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:	215.24
Past Due:	0.00
Total Due:	215.24
Account Balance:	215.24

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
03-02-2026	03-13-2026	3243695138 ✓	7011565916	Invoice	74.50 ✓		0.00	74.50
03-02-2026	03-13-2026	3243695139 ✓	7011569926	Invoice	12.86 ✓		0.00	12.86
03-02-2026	03-13-2026	3243695290 ✓	7011573831	Invoice	3.97 ✓		0.00	3.97
03-04-2026	03-13-2026	3243983975 ✓	7011583948	Invoice	2.56 ✓		0.00	2.56
03-05-2026	03-13-2026	3244117855 ✓	7011587733	Invoice	8.58 ✓		0.00	8.58
03-06-2026	03-13-2026	3244259096 ✓	7011593238	Invoice	112.77 ✓		0.00	112.77

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
215.24	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
03-06-2026	(1,855.07)

APPROVED ON

MAR 09 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
03-13-2026	215.24
Total Due:	215.24

Served By: AMERISOURCEBERGEN DRUG CORP 501 PATRIOT PARKWAY ROANOKE TX 76262-6336 DEA: RA0316958 866-451-9655	Customer: WALGREENS CENTRAL FILL #21373 340B MEMORIAL MEDICAL CENTER 4100 DALE EARNHARDT WAY 200 NORTHLAKE TX 76262-2389 ✓	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">Customer Number</td> </tr> <tr> <td colspan="2">100566356 / 100566356</td> </tr> <tr> <td colspan="2">Terms</td> </tr> <tr> <td colspan="2">Sat - Fri Due in 7 days</td> </tr> <tr> <td colspan="2">Summary</td> </tr> <tr> <td>Not Yet Due:</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Current:</td> <td style="text-align: right;">796.54</td> </tr> <tr> <td>Past Due:</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Total Due:</td> <td style="text-align: right;">796.54</td> </tr> <tr> <td>Account Balance:</td> <td style="text-align: right;">796.54</td> </tr> </table>	Customer Number		100566356 / 100566356		Terms		Sat - Fri Due in 7 days		Summary		Not Yet Due:	0.00	Current:	796.54	Past Due:	0.00	Total Due:	796.54	Account Balance:	796.54
Customer Number																						
100566356 / 100566356																						
Terms																						
Sat - Fri Due in 7 days																						
Summary																						
Not Yet Due:	0.00																					
Current:	796.54																					
Past Due:	0.00																					
Total Due:	796.54																					
Account Balance:	796.54																					
Remit To: AMERISOURCEBERGEN ✓ PO Box 978740 DALLAS TX 75397-8740																						

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
03-02-2026	03-13-2026	3243677277 ✓	7011569078	Invoice	283.90 ✓		0.00	283.90
03-02-2026	03-13-2026	3243677279 ✓	7011573950	Invoice	221.87 ✓		0.00	221.87
03-02-2026	03-13-2026	3243742706 ✓	7011580954	Invoice	283.90 ✓		0.00	283.90
03-05-2026	03-13-2026	3244153759 ✓	7011593360	Invoice	6.87 ✓		0.00	6.87

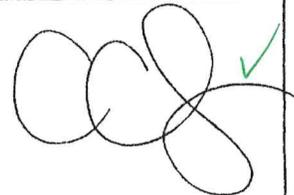
Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
796.54	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON

MAR 09 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders	
Due Date	Amount
03-13-2026	796.54
Total Due:	
	796.54 ✓



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

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

<input type="checkbox"/>	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	####	ENTER:	<input type="text"/>
<input type="checkbox"/>	"ENTER YOUR 4-DIGIT PIN"	###		<input type="text"/>
<input type="checkbox"/>	"MAKE A PAYMENT, PRESS 1"			<input type="text" value="1"/>
<input type="checkbox"/>	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★		<input type="text" value="941"/> #
<input type="checkbox"/>	"IF FEDERAL TAX DEPOSIT ENTER 1"			<input type="text" value="1"/>
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING YEAR"	★		<input type="text" value="26"/>
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING ENDING MONTH" 1ST QTR - 03 (MARCH) - Jan, Feb, Mar 2ND QTR - 06 (JUNE) - Apr, May, June 3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept 4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec	★		<input type="text" value="03"/>
<input type="checkbox"/>	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN" "1 TO CONFIRM"	★		<input type="text" value="\$ 115,573.56"/> #
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"			<input type="text" value="1"/>
	"ENTER W/CENTS AMOUNT OF MEDICARE"	0		<input type="text" value="\$ 62,627.48"/> #
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"			<input type="text" value="\$ 14,646.78"/> #
<input type="checkbox"/>	"6-DIGIT SETTLEMENT DATE" "1 TO CONFIRM"	★		<input type="text" value="\$ 38,299.30"/> #
<input type="checkbox"/>	ACKNOWLEDGEMENT NUMBER			<input type="text"/>

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	2/20/2026					
PAY PERIOD: END	3/5/2026					
PAY DATE:	3/13/2026					
GROSS PAY:	\$ 541,782.37			\$ -		\$ 541,782.37
DEDUCTIONS:						
A/R	\$ 341.10					\$ 341.10
ADVANC						\$ -
BOOTS						\$ -
MUTUAL CRITICAL ILLNESS						\$ -
MUTUAL ACCIDENT						\$ -
IRS TAX						\$ -
MUTUAL SHORT TERM DIS						\$ -
MUTUAL VISION	\$ 797.44					\$ 797.44
CAFÉ-D	\$ 1,306.45					\$ 1,306.45
CAFÉ-H	\$ 29,595.51					\$ 29,595.51
	\$ -					\$ -
	\$ -					\$ -
CAFÉ-P						\$ -
CANCER						\$ -
CHILD	\$ -					\$ -
CLINIC						\$ -
COMBIN	\$ 228.60					\$ 228.60
CREDUN	\$ -					\$ -
DENTAL	\$ -					\$ -
DEP-LF						\$ -
MUTUAL TERM LIFE	\$ 1,138.54					\$ 1,138.54
MUTUAL HOSP INDEM	\$ 644.00					\$ 644.00
FED TAX	\$ 38,299.30					\$ 38,299.30
FICA-M	\$ 7,323.39					\$ 7,323.39
FICA-O	\$ 31,313.74					\$ 31,313.74
FICA-M ADDITIONAL						\$ -
FIRST C						\$ -
FLEX S	\$ 4,127.82					\$ 4,127.82
FLX-FE	\$ -					\$ -
GIFT S	\$ 396.52					\$ 396.52
MUTUAL CRITICAL ILLNESS	\$ 878.20					\$ 878.20
MUTUAL ACCIDENT	\$ 634.88					\$ 634.88
MUTUAL SHORT TERM DIS	\$ 1,691.31					\$ 1,691.31
LEGAL	\$ 957.03					\$ 957.03
OTHER	\$ 3,353.77					\$ 3,353.77
NATIONAL FARM LIFE	\$ 1,491.14					\$ 1,491.14
MED SURCHARGE						\$ -
Blank						\$ -
RELAY						\$ -
REPAY						\$ -
STONEDF	\$ 895.00					\$ 895.00
STONE						\$ -
STONE 2						\$ -
STUDEN						\$ -
TSA-R	\$ 36,764.20					\$ 36,764.20
UW/HOS	\$ -					\$ -
TOTAL DEDUCTIONS:	\$ 162,177.94	\$ -	\$ -	\$ -	\$ -	\$ 162,177.94
NET PAY:	\$ 379,604.43	\$ -	\$ -	\$ -	\$ -	\$ 379,604.43

TOTAL CAFÉ 125 PLAN: \$ 36,722.22 Less Exempt:

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	\$ 7,323.37		
FICA - MED (EE)	1.45%	\$ 7,323.37	\$ 7,323.39	\$ (0.02)
FICA - SOC SEC (ER)	6.20%	\$ 31,313.73		
FICA - SOC SEC (EE)	6.20%	\$ 31,313.73	\$ 31,313.74	\$ (0.01)
FED WITHHOLDING		\$ 38,299.30	\$ 38,299.30	

Employees over FICA-SS Cap:
Paycode S - Employee Reimb.:
TOTAL: _____

TAX DEPOSIT:	\$ 115,573.50	\$ 115,573.56	
FICA - MEDICARE	2.90%	\$ 14,646.74	\$ 14,646.78
FICA - SOCIAL SECURITY	12.40%	\$ 62,627.46	\$ 62,627.48
FED WITHHOLDING		\$ 38,299.30	\$ 38,299.30
TOTAL TAX:	\$ 115,573.50	\$ 115,573.56	\$ (0.06)

PREPARED BY: Andrie Flores
PREPARED DATE: 3/9/2026

APPROVED ON

MAR 09 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #	GL number
3/6/2026	AMERISOURCE BERG - PAYMENTS 100007768	- 340B Drug Program Expense	1,855.07 *	902239	60310000
3/6/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#121430926 121174811	- 3rd Party Payor Fee	436.22	902240	40440076
3/5/2026	FDMS 00000000000000007191 - FDMS PYMT 52-160 1830-000	- Credit Card Machine Lease Fee	32.45	902241	40440076
3/5/2026	FDMS 00000000000000007191 - FDMS PYMT 52-218 2557-000	- Credit Card Machine Lease Fee	181.77	902242	40440076
3/5/2026	FDMS 00000000000000007191 - FDMS PYMT 52-218 2545-000	- Credit Card Machine Lease Fee	45.64	902243	40440076
3/5/2026	FDMS 00000000000000007191 - FDMS PYMT 52-239 6181-000	- Credit Card Machine Lease Fee	116.87	902244	40440076
3/5/2026	FDMS 00000000000000007191 - FDMS PYMT 52-239 6182-000	- Credit Card Machine Lease Fee	175.29	902245	40440076
3/5/2026	FDMS 00000000000000007191 - FDMS PYMT 52-239 6180-000	- Credit Card Machine Lease Fee	58.44	902246	40440076
3/5/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#121091905 120918434	- 3rd Party Payor Fee	156.51	902247	40440076
3/4/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#120800421 120587810	- 3rd Party Payor Fee	477.65	902248	40440076
3/3/2026	AUTHNET GATEWAY - BILLING 147123201	- 3rd Party Payor Fee	26.90	902249	40440076
3/3/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#120500335 120332225	- 3rd Party Payor Fee	519.73	902250	40440076
3/3/2026	HPHG LLC - PORT LAVA 90 DEGREE BENEFITS CLA IMS 2/2/26 MemMedCtr PtLav	- Health Insurance Claim Payments	39,989.42 ***	902251	60320000
3/3/2026	HPHG LLC - PORT LAVA 90 DEGREE BENEFITS CLA IMS 2.16.26 MemMedCtr PtLav	- Health Insurance Claim Payments	65,014.38 ***	902252	60320000
3/3/2026	HPHG LLC - PORT LAVA 90 DEGREE BENEFITS CLA IMS 2.9.26 MemMedCtr PtLav	- Health Insurance Claim Payments	97,763.21 ***	902253	60320000
3/3/2026	MERCHANT BANKCD - INTERCHNG 971160913887	- Credit Card Processing Fee	165.32	902254	40440076
3/3/2026	MERCHANT BANKCD - FEE 971160910883	- Credit Card Processing Fee	9.95	902255	40440076
3/3/2026	MERCHANT BANKCD - FEE 971160913887	- Credit Card Processing Fee	167.19	902256	40440076
3/3/2026	MERCHANT BANKCD - DISCOUNT 971160910883	- Credit Card Processing Fee	29.95	902257	40440076
3/3/2026	MERCHANT BANKCD - DISCOUNT 971160913887	- Credit Card Processing Fee	377.52	902258	40440076
3/2/2026	IRS - USATAXPYMT 270646100217359	- Payroll Taxes	118,433.10 ***	902259	FWT:2020000 FICA:20210000
3/2/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#120187836 120088047	- 3rd Party Payor Fee	371.75	902260	40440076
			326,404.33		

Michelle Cumberland

* approved on 3.4.26 cc
** approved on 2.11.26 cc
*** approved on 2.25.26 cc

Michelle Cumberland, CFO
Memorial Medical Center

326,404.33 +
1,961.86 -
610.46 -
26.90 -
749.93 -
1,855.07 -
39,989.42 -
65,014.38 -
97,763.21 -
118,433.10 -
0.00 *

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
3/19/2026	WEBFILE TAX PYMT DD	Sales TAX	2,385.13
			2,385.13

Michelle Cumberland

Michelle Cumberland, CFO
Memorial Medical Center

32,450 +	436.22 +	181.77 +	165.32 +	26.90 +
156.51 +	156.51 +	45.64 +	9.95 +	26.90 *
477.65 +	477.65 +	116.87 +	167.19 +	
519.73 +	519.73 +	175.29 +	29.95 +	
371.75 +	371.75 +	58.44 +	377.52 +	
1,961.86 *	1,961.86 *	610.46 *	749.93 *	

pay plus *leasing fee* *processing fee* *authnet gateway*

Plan	Start Date	EE Per Pay Cost	ER Per Pay Cost
2026 Heath Equity Health Savings Account	1/1/2026	\$ 40.00	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ 25.00	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ -	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ 30.00	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ 8.00	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ -	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ 5.00	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ 137.00	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ 3.33	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ 25.00	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ -	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ 25.00	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ 4.16	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ 100.00	\$ 25.00
2026 Heath Equity Health Savings Account	2/1/2026	\$ -	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ 5.00	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ -	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ 158.33	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ -	\$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	\$ 10.00	\$ 25.00
		\$ 575.82	\$ 500.00
Total		\$ 1,075.82	✓

MAR 06 2026

03/05/2026

11:13

Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 03/20/2026

0

ap_open_invoice.template

Vendor# Vendor Name

12792 LAVACA BAY NURSING AND REHAB

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 022526AA ✓		02/01/202	02/25/202	03/20/202			13,852.67	0.00	0.00	13,852.67 ✓
✓ 022526AB ✓		02/01/202	02/25/202	03/20/202			39,889.79	0.00	0.00	39,889.79 ✓
✓ 022526ABC ✓		02/01/202	02/25/202	03/20/202			14,584.36	0.00	0.00	14,584.36 ✓
✓ 022526ABCD ✓		02/01/202	02/25/202	03/20/202			47,923.99	0.00	0.00	47,923.99 ✓
✓ 022526ABCDE ✓		02/01/202	02/25/202	03/20/202			26,196.86	0.00	0.00	26,196.86 ✓
✓ 022726A ✓		02/01/202	02/27/202	03/20/202			21,485.47	0.00	0.00	21,485.47 ✓
✓ 022426A ✓		03/05/202	02/24/202	03/20/202			3,345.44	0.00	0.00	3,345.44 ✓
✓ 030326 ✓		03/05/202	03/03/202	03/20/202			3,906.00	0.00	0.00	3,906.00 ✓

ins. pay. dep. into mmc opt. error

Vendor Totals: Number

12792

Name

LAVACA BAY NURSING AND REHAB

Gross	Discount	No-Pay	Net
171,184.58	0.00	0.00	171,184.58

Report Summary

Grand Totals:

Gross	Discount	No-Pay	Net
171,184.58	0.00	0.00	171,184.58

APPROVED ON

MAR 06 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 212318

RECEIVED

MAR 05 2026

MEMORIAL MEDICAL CENTER

0

03/05/2026

AP Open Invoice List

ap_open_invoice.template

11:04

Calhoun County Auditor

Due Dates Through: 03/20/2026

Vendor# Vendor Name

Class Pay Code

11824 THE CRESCENT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
022426A		02/01/202	02/24/202	03/20/202			35.03	0.00	0.00	35.03

ins. pay. dep. into mmc opt. error

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11824	THE CRESCENT	35.03	0.00	0.00	35.03

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	35.03	0.00	0.00	35.03

APPROVED ON

MAR 05 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 212319

MAR 06 2026

03/05/2026

11:03

Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 03/20/2026

0

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

11836 GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 022526D ✓		02/01/202	02/25/202	03/20/202			44,408.62	0.00	0.00	44,408.62 ✓✓
✓ 022526C ✓		02/01/202	02/25/202	03/20/202			10,950.22	0.00	0.00	10,950.22 ✓✓
✓ 022526A ✓		02/01/202	02/25/202	03/20/202			15,171.56	0.00	0.00	15,171.56 ✓✓
✓ 022526B ✓		02/01/202	02/25/202	03/20/202			73,723.88	0.00	0.00	73,723.88 ✓✓
✓ 022626 ✓		02/01/202	02/26/202	03/20/202			203.94	0.00	0.00	203.94 ✓✓
✓ 030326 ✓		03/05/202	03/03/202	03/20/202			482.67	0.00	0.00	482.67 ✓✓
✓ 030326A ✓		03/05/202	03/03/202	03/20/202			422.21	0.00	0.00	422.21 ✓✓

ins pay dtp. into mmc opt. error

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE	145,363.10	0.00	0.00	145,363.10

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	145,363.10	0.00	0.00	145,363.10

APPROVED ON

MAR 06 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 212317

MAR 06 2026

03/05/2026
11:25

Calhoun County Auditor

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 03/20/2026

0
ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

13004 TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 022526ABC ✓		02/01/202	02/01/202	03/20/202			12,274.23	0.00	0.00	12,274.23 ✓✓
✓ 022526AA ✓		02/01/202	02/25/202	03/20/202			10,800.00	0.00	0.00	10,800.00 ✓✓
✓ 022526ABCD ✓		02/01/202	02/25/202	03/20/202			2,080.00	0.00	0.00	2,080.00 ✓✓
✓ 022526ABCDE ✓		02/01/202	02/25/202	03/20/202			8,971.75	0.00	0.00	8,971.75 ✓✓
✓ 022526AB ✓		02/01/202	02/25/202	03/20/202			9,953.02	0.00	0.00	9,953.02 ✓✓
✓ 022626A ✓		02/01/202	02/26/202	03/20/202			652.28	0.00	0.00	652.28 ✓✓
✓ 022726AA ✓		02/01/202	02/27/202	03/20/202			379.00	0.00	0.00	379.00 ✓✓
✓ 022726AB ✓		02/01/202	02/27/202	03/20/202			10,251.22	0.00	0.00	10,251.22 ✓✓
✓ 030226A ✓		03/05/202	03/02/202	03/20/202			6,240.00	0.00	0.00	6,240.00 ✓✓
✓ 030226 ✓		03/05/202	03/02/202	03/20/202			28,691.66	0.00	0.00	28,691.66 ✓✓
✓ 030326 ✓		03/05/202	03/03/202	03/20/202			14,725.74	0.00	0.00	14,725.74 ✓✓

ins pay. dep. into mmc opt. error

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE	105,018.90	0.00	0.00	105,018.90

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	105,018.90	0.00	0.00	105,018.90

APPROVED ON

MAR 06 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 212320

MAR 09 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
3/9/2026

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		60.19	-	-		60.19	
						Bank Balance	
						Variance	
						Leave in Balance	100.00
						Adjust Balance/Transfer Amt	(39.81)
Broadmoor		101.58	-	-		101.58	
						Bank Balance	
						Variance	
						Leave in Balance	100.00
						Adjust Balance/Transfer Amt	1.58
Crescent		100.83	-	-		100.83	
						Bank Balance	
						Variance	
						Leave in Balance	100.00
						Adjust Balance/Transfer Amt	0.83
Fort Bend		104.59	-	-		104.59	
						Bank Balance	
						Variance	
						Leave in Balance	100.00
						Adjust Balance/Transfer Amt	4.59
Solera at W Houston		6,297.91	6,197.91	-		100.00	
						Bank Balance	
						Variance	
						Leave in Balance	100.00
						Adjust Balance/Transfer Amt	-

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:

Cantex Health Care Centers III LLC
JP Morgan Chase Bank
ABA 111000514

TOTAL TRANSFERS

Approved: *WGC*
Michelle Cumberland, CFO

3/9/2026

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.

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Transaction Search

Search ^

Account Number

██████ - DDA (MEMORIAL MEDICAL / NH ASHFORD)



Sort By Posting Date



Posting Date	Deposits	Description	Credit	Debit	Balance
Posting Date			Credit		
02/27/2026			\$0.03		
Debit			Balance		
			\$60.19		
Description					
Credit Interest					
Credit Interest					
Deposits					

Showing 1 transactions

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Transaction Search

Q Search ^

Account Number



- DDA (MEMORIAL MEDICAL / NH BROADMOOR)



Sort By

Posting Date



Posting Date	Deposits	Description	Credit	Debit	Balance
02/27/2026			Credit \$0.05		
			Debit		
			Balance \$101.58		
		Description			
		Credit Interest			
		Credit Interest			
		Deposits			

Showing 1 transactions

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Account Number

DDA (MEMORIAL MEDICAL / NH CRESCENT)

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Sort By

Posting Date

Posting Date

Deposits

Description

Credit



Debit

Balance

Posting Date

02/27/2026

Debit

Credit

\$0.05

Balance

\$100.83

Description

Credit Interest

Credit Interest

Deposits

Showing 1 transactions

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DDA (MEMORIAL MEDICAL / NH FORT BEND)

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Sort By

Posting Date



Posting Date 4

Deposits

Description

Credit

Debit

Balance

Posting Date

02/27/2026

Debit

Credit
\$0.05

Balance
\$104.59

Description

Credit Interest
Credit Interest

Deposits

Showing 1 transactions

APPROVED ON

MAR 09 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
3/9/2026

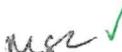
Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Golden Creek		174,808.90	174,453.83	68,542.00		68,897.07	68,542.00
						Bank Balance	
						Variance	
						Leave in Balance	100.00

Routing Information for Golden Creek:
Nexion Health at Golden Creek
Wells Fargo Bank, N.A.
ABA 121000322

Jan Interest 255.07

Adjust Balance/Transfer Amt 68,542.00

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

Approved: 
Michelle Cumberland, CFO

3/9/2026

Golden Creek

	✓ <u>Transfer-Out</u>	✓ <u>Transfer-In</u>	MMC	
			PORTION	NH PORTION
3/6/2026 255	172.50	-		
3/6/2026 GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	6,515.00		
3/6/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 030626 543684555876917	-	1,400.80		
3/5/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 030526 543684555876917	-	5,266.00		
3/5/2026 GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	9,472.30		
3/5/2026 HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0SY647311588075964*1746000156~ 17460034113011	-	24,323.68		
3/4/2026 Domestic Wire Withdrawal WIRE OUT NEXION HEAL TH d/b/a GOLDEN CREEK HC	174,281.33	-		
3/4/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 030426 543684555876917	-	1,034.90		
3/3/2026 GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	7,590.00		
3/3/2026 GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	1,717.90		
3/2/2026 Luminos Hospice - Bill.com Luminos Hospice - TX Bill.com 015SIIUUNGVUQ3V Inv 01312026GLDNCRK 15SIIUUNGVUQ3V	-	4,606.39		
3/2/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 030226 543684555876917	-	163.90		
3/2/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 030226 543684555876917	-	3,708.92		
3/2/2026 GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	2,742.21		
	174,453.83	68,542.00	-	-

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Account Number

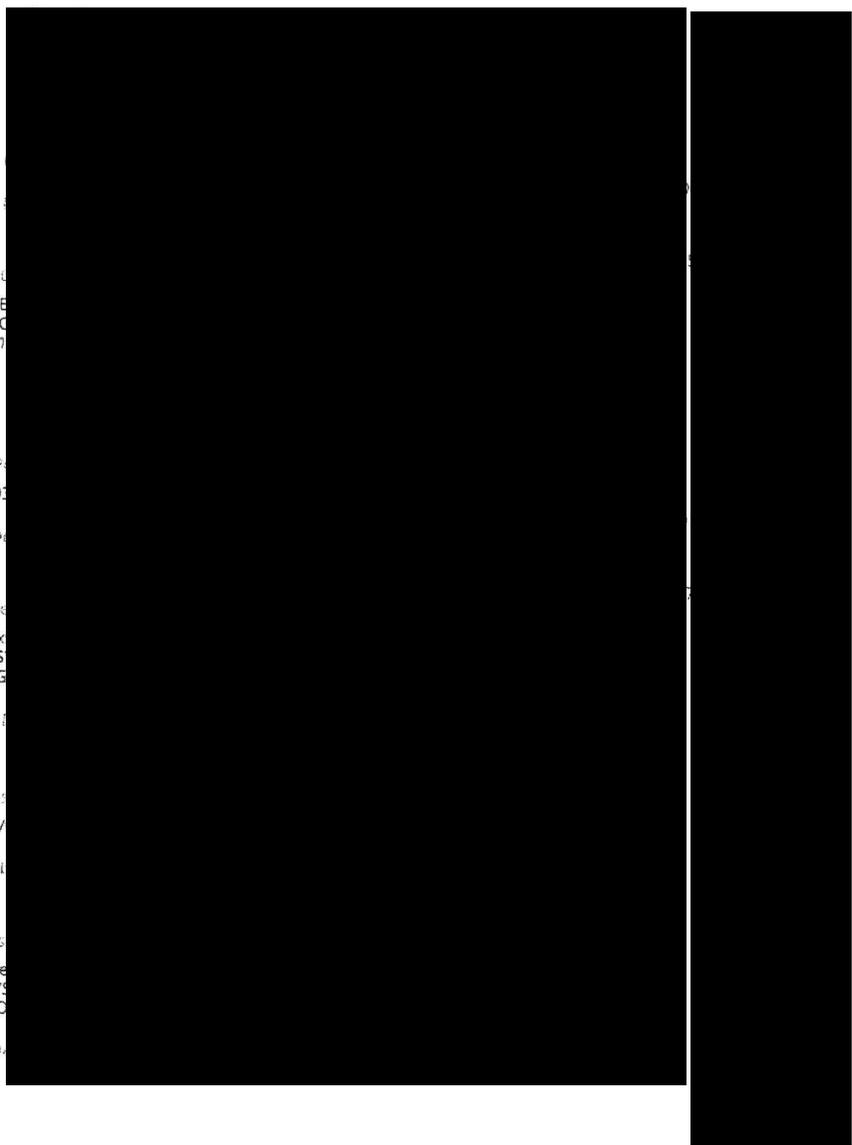
██████ - DDA (MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE)



Sort By



Posting Date	Deposits	Description	Credit	Debit	Balance
03/06/2026			Credit		
			Debit	\$172.50	
			Balance		\$68,897.07 ✓
		Over Counter Check			
		Over Counter Check			



APPROVED ON

MAR 09 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
3/9/2026

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 Psy		38,619.19					38,619.19	No
						Bank Balance	38,619.19	Transfer (Holding due to pending claims requests)
						Variance	-	
						Leave in Balance	100.00	
						Claims owed to MMC	40,154.32	X
						Adjust Balance/Transfer Amt	(1,835.13)	
Gulf Pointe Plaza-Medicare/Medicaid		101.96					101.96	NO TRANSFER
						Bank Balance	101.96	
						Variance	-	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	1.96	
TOTAL TRANSFERS								

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: *MSC*
Michelle Cumberland, CFO

3/9/2026

Gulf Pointe Plaza-Private Pay

No Activity

<u>Transfer-Out</u>	<u>Transfer-In</u>	MMC <u>PORTION</u>	<u>NH PORTION</u>
-	-	-	-
-	-	-	-
-	-	-	-

Gulf Pointe Plaza-Medicare/Medicaid

No Activity

<u>Transfer-Out</u>	<u>Transfer-In</u>	MMC <u>PORTION</u>	<u>NH PORTION</u>
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-

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Transaction Search

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Account Number

██████ - DDA (MMC -NH GULF POINTE PLAZA - PRIVATE PAY)

Q v

Sort By



Posting Date	Deposits	Description	Credit	Debit	Balance
Posting Date			Credit		
02/27/2026			\$19.04		
Debit				Balance	
				\$38,619.19	
Description					
Credit Interest					
Credit Interest					
Deposits					

\$38,619.19 ✓

Showing 1 transactions

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Transaction Search

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Account Number

DDA (MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID)

Sort By **Posting Date**

Posting Date	Deposits	Description	Credit	Debit	Balance
02/27/2026			Credit		
			\$0.05		
			Balance		\$101.96

Showing 1 transactions

APPROVED ON

MAR 09 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
3/9/2026

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		373,612.07	373,512.07	106,591.03			106,691.03	90,221.98
						Bank Balance Variance	106,691.03	
						Leave in Balance	100.00	
						MOLINE QIPP PAYMENT	16,369.05	
						Adjust Balance/Transfer Amt	<u>90,221.98</u>	

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: *MCC*
Michelle Cumberland, CFO
3/9/2026

Tuscany Village

	✓ <u>Transfer-Out</u>	✓ <u>Transfer-In</u>	MMC <u>PORTION</u>	<u>NH PORTION</u>
3/6/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1233474440*13 41858379\ 746003411	-	8,045.78		8,045.78
3/5/2026 Merchant Capture Deposit	-	13,565.36		13,565.36
3/4/2026 Deposit	-	39,298.56		39,298.56
3/4/2026 Domestic Wire Withdrawal WIRE OUT VILLAGE POS T ACUTE HEALTH SERVICE	373,512.07	-		-
3/4/2026 MOLINA HEALTHCAR - MOLINAACH ISA* * * * *ZZ* *ZZ* *260303*123 9*U*00200*000	-	16,369.05		16,369.05
3/2/2026 Merchant Capture Deposit	-	29,312.28		29,312.28
	<u>373,512.07</u>	<u>106,591.03</u>	-	<u>106,591.03</u>

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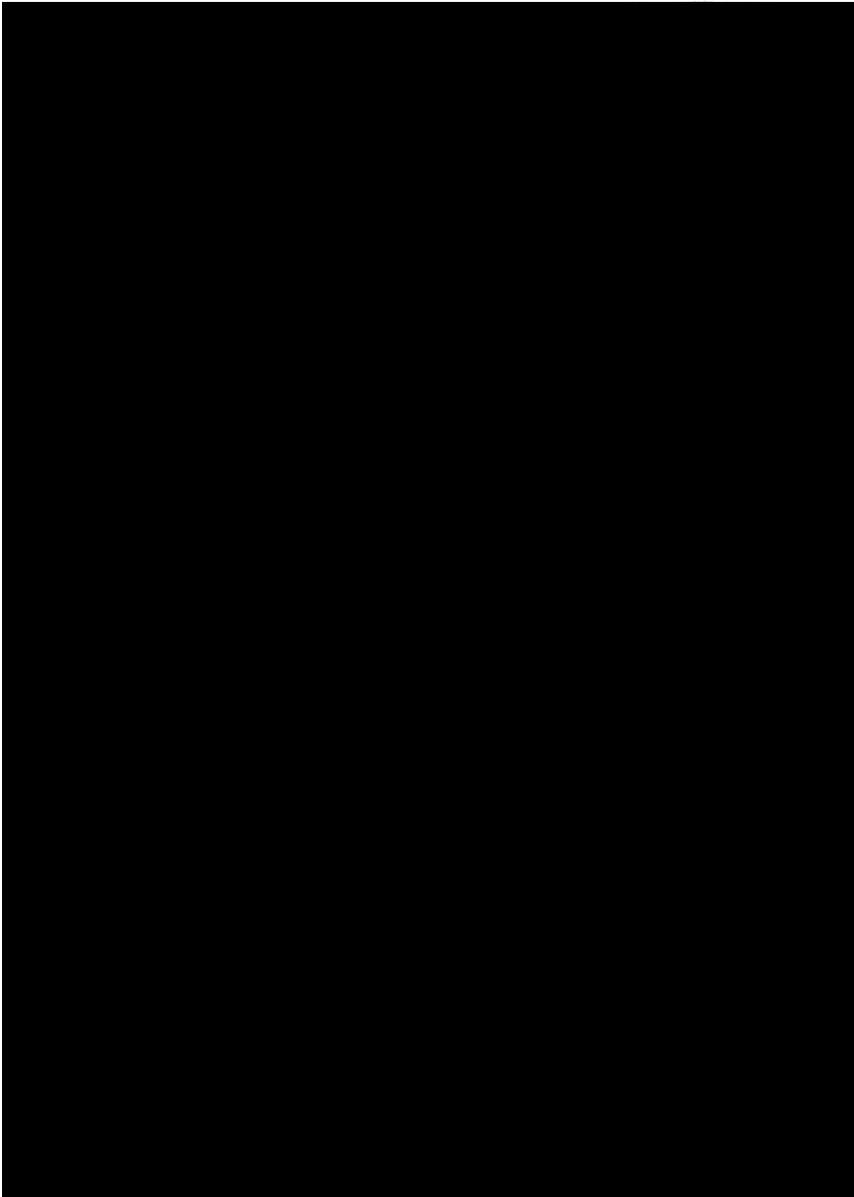
██████ - DDA (MMC -NH TUSCANY VILLAGE)



Sort By: Posting Date



Posting Date	Deposits	Description	Credit	Debit	Balance
Posting Date			Credit		
03/06/2026			\$8,045.78		
Debit				Balance	
				\$106,691.03	



APPROVED ON

MAR 09 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly HSL Transfer
Prosperity Accounts
3/9/2026

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		182,678.52	182,426.55	32,381.21			32,633.15	32,381.21
						Bank Balance	32,633.15	
						Variance	-	
						Leave in Balance	100.00	
						Jan Interest	151.94	
						Adjust Balance/Transfer Amt	<u>32,381.21</u>	
						Approved: <i>MSC</i>		
						Michelle Cumberland, CFO		3/9/2026

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.

Lavaca Bay Nursing and Rehab

3/6/2026 1176
 3/5/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7730247*1205296137*000004011\ 676481
 3/4/2026 NDC SWEEP SWEEP FR 00974300029 - FAC 02330
 3/4/2026 Domestic Wire Withdrawal WIRE OUT REG Leased OpCo LLC
 3/4/2026 CENTENE CORP - HCCLAIMPMT TRN*1*0912883432* 1742770542\
 3/2/2026 Care Hospice - Payment 41008
 3/2/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7726392*1205296137*000004011\ 676481
 3/2/2026 HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*OSY605151538719836*1746000156~ 17460034113016

	✓ Transfer-Out	✓ Transfer-In	MMC PORTION	NH PORTION
	11,774.21	-		-
	-	385.63		385.63
	-	25,379.92		25,379.92
	170,652.37	-		-
	-	3,504.72		3,504.72
	-	476.00		476.00
	-	467.38		467.38
	-	2,167.56		2,167.56
	182,426.58	32,381.21	-	32,381.21

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Transaction Search

Search ^

Account Number

DDA (MMC -NH LAVACA BAY NURSING & REHAB)

Q

Sort By



Posting Date	Deposits	Description	Credit	Debit	Balance
Posting Date			Credit		
03/06/2026					
Debit			Balance		
\$11,774.21			\$32,633.15		✓

