

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---April 8, 2026

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$	737,462.48
TOTAL TRANSFERS BETWEEN FUNDS	\$	331,950.17
TOTAL NURSING HOME UPL EXPENSES	\$	370,763.10
TOTAL INTER-GOVERNMENT TRANSFERS	\$	-
GRAND TOTAL DISBURSEMENTS APPROVED April 8, 2026	\$	1,440,175.75

APPROVED

APR 08 2026

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---April 8, 2026

PAYABLES AND PAYROLL

4/2/2026 Weekly Payables	228,912.93
4/6/2026 McKesson-340B Prescription Expense	18,893.08
4/6/2026 Cencora-340B Prescription Expense	223.39
4/6/2026 Cencora-340B Prescription Expense	319.42
4/6/2026 Payroll Liabilities-Payroll Taxes	112,585.48
4/6/2026 Payroll	369,761.26

Prosperity Electronic Bank Payments

4/6/2026 90 Degree Benefits - employee insurance claims	2,926.59
4/6/2026 Authnet Gateway	25.40
4/6/2026 Pay Plus-Patient Claims Processing Fee	1,979.25
4/6/2026 Credit Card Processing Fee	759.86
4/6/2026 Health Equity -HSA Contributions	1,075.82

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS **\$ 737,462.48**

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

4/2/2026 MMC Operating to Bethany/Lavaca Bay-Correction of insurance payment deposited into MMC Operating in error	64,257.36
4/2/2026 MMC Operating to Golden Creek-QIPP Y9 Q1 Owed	5,310.42
4/2/2026 MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	205,288.33
4/2/2026 MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	57,094.06

TOTAL TRANSFERS BETWEEN FUNDS **\$ 331,950.17**

NURSING HOME UPL EXPENSES

4/6/2026 Nursing Home UPL-Nexion Transfer	38,730.09
4/6/2026 Nursing Home UPL-Tuscany Transfer	261,146.31
4/6/2026 Nursing Home UPL-HSL Transfer	68,867.39

TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC

4/6/2026 Bethany/Lavaca Bay to MMC-Interest owed	695.03
4/6/2026 Lavaca Bay to MMC - Humana Recoup	537.91
4/6/2026 Golden Creek to MMC-Interest owed	719.58
4/6/2026 Golden Creek to MMC - UHC Community Plan Recoup	66.79

TOTAL NURSING HOME UPL EXPENSES **\$ 370,763.10**

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

GRAND TOTAL DISBURSEMENTS APPROVED April 8, 2026 **\$ 1,440,175.75**

RECEIVED

APR 02 2026

Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 04/16/2026

04/02/2026

11:51

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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
	✓ 1L91376CGJHC		03/31/202	03/21/202	03/21/202			179.99	0.00	0.00	179.99 ✓
		SUPPLIES Kitchen Prep Table									
	✓ 11G4G9FGQ6D1		03/31/202	03/23/202	03/23/202			629.97	0.00	0.00	629.97 ✓
		SUPPLIES Shed for lawnmower									
	✓ 11G4G9FGHYM7		03/31/202	03/23/202	03/23/202			113.61	0.00	0.00	113.61 ✓
		SUPPLIES									
	✓ 1M9NGCYVMMY		03/31/202	03/23/202	03/23/202			76.93	0.00	0.00	76.93 ✓
		SUPPLIES Flame Retardant Curtains x2									
	✓ 14QWJKRWNHY4		03/31/202	03/25/202	03/25/202			197.62	0.00	0.00	197.62 ✓
		SUPPLIES									
	✓ 1M4KJKFTFMMH		03/31/202	03/25/202	03/25/202			6.32	0.00	0.00	6.32 ✓
		SUPPLIES labels									
	✓ 1KWTTFQWK379		03/31/202	03/26/202	03/26/202			12.99	0.00	0.00	12.99 ✓
		SUPPLIES disposable food containers									
	✓ 1DLMVF43DMQ6		03/31/202	03/27/202	03/27/202			357.64	0.00	0.00	357.64 ✓
		SUPPLIES curb signs									
	✓ 13CWT1V7X3L3		03/31/202	03/30/202	03/30/202			596.19	0.00	0.00	596.19 ✓
		SUPPLIES power strips									
	✓ 1C6R6JRN37GW		03/31/202	03/31/202	03/31/202			254.75	0.00	0.00	254.75 ✓
		SUPPLIES									
	✓ 1M92GCYVMMY		04/01/202	03/23/202	03/23/202			76.93	0.00	0.00	76.93 ✓
		SUPPLIES Flame Retardant curtain x2									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES						2,502.94	0.00	0.00	2,502.94

Vendor#	Vendor Name	Class	Pay Code								
10931	AMERICAN APPLIANCE										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 38455		03/31/202	03/24/202	04/08/202			849.00	0.00	0.00	849.00 ✓
		REFRIGERATOR FOR LAB									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	10931	AMERICAN APPLIANCE						849.00	0.00	0.00	849.00

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
	✓ 16764		04/01/202	04/01/202	04/11/202			850.00	0.00	0.00	850.00 ✓
		SERVER MAINT									
	✓ 16778		04/01/202	04/01/202	04/11/202			4,500.00	0.00	0.00	4,500.00 ✓
		SERVER MAINT / cloud backups									
	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								
B1150	BAXTER HEALTHCARE		W								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 85179433		04/01/202	03/03/202	03/28/202			3,699.00	0.00	0.00	3,699.00 ✓
		Vap-sevoflurane									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE						3,699.00	0.00	0.00	3,699.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 112561300	SUPPLIES / Access	03/23/202	03/16/202	04/10/202			241.33	0.00	0.00	241.33 ✓
✓ 5513600	MARCH LAB LEASE	03/30/202	03/25/202	03/25/202			1,337.05	0.00	0.00	1,337.05 ✓
✓ 7401205	METER BILLING FOR LAB	03/31/202	03/19/202	04/13/202			7,858.32	0.00	0.00	7,858.32 ✓
✓ 112572509	LAB SUPPLIES	03/31/202	03/23/202	03/23/202			41.97	0.00	0.00	41.97 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
B1220 BECKMAN COULTER INC							9,478.67	0.00	0.00	9,478.67
Vendor#	Vendor Name			Class	Pay Code					
18372	[REDACTED]									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 033126	PYMNT WENT TO LOCKBX IN ERI	04/01/202	03/31/202	03/31/202			30.00	0.00	0.00	30.00 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
18372 [REDACTED]							30.00	0.00	0.00	30.00
Vendor#	Vendor Name			Class	Pay Code					
11030	CHUBB									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 20260401	INSURANCE / employee	04/01/202	04/01/202	04/01/202			457.20	0.00	0.00	457.20 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11030 CHUBB							457.20	0.00	0.00	457.20
Vendor#	Vendor Name			Class	Pay Code					
13000	CLEARFLY									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ INV802487	ALLWORX PHONES	04/01/202	04/01/202	04/01/202			1,236.77	0.00	0.00	1,236.77 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
13000 CLEARFLY							1,236.77	0.00	0.00	1,236.77
Vendor#	Vendor Name			Class	Pay Code					
13932	COVIDIEN SALES LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 5877427707	SUPPLIES / adult nasal	03/31/202	03/31/202	03/31/202			624.95	0.00	0.00	624.95 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
13932 COVIDIEN SALES LLC							624.95	0.00	0.00	624.95
Vendor#	Vendor Name			Class	Pay Code					
10368	DEWITT POTH & SON									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 8312990	SUPPLIES / laminator	03/31/202	03/27/202	03/27/202			49.70	0.00	0.00	49.70 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
10368 DEWITT POTH & SON							49.70	0.00	0.00	49.70
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
✓ 70697	MMC CLINIC PEST CONTROL	03/31/202	03/24/202	03/24/202			105.00	0.00	0.00	105.00 ✓
✓ 70698	MOSQUITO TREATMENT AT CLIN	03/31/202	03/24/202	03/24/202			160.00	0.00	0.00	160.00 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11291 DOWELL PEST CONTROL							265.00	0.00	0.00	265.00
Vendor#	Vendor Name			Class	Pay Code					

	10956	GETINGE USA SALES LLC					5,389.00	0.00	0.00	5,389.00	
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
	✓033026		04/01/202	03/30/202	03/30/202			43.12	0.00	0.00	43.12 ✓
		DIETARY SUPPLIES									gatorade ✓
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	H0031 HEB CREDIT RECEIVABLES DEPT308							43.12	0.00	0.00	43.12
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
	✓7096		03/24/202	03/31/202	04/10/202			23,663.00	0.00	0.00	23,663.00 ✓
		MARCH HOSP PHYS SERV 16TH-									
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	15208 HOSPITAL CARE CONSULTANTS INC.							23,663.00	0.00	0.00	23,663.00
Vendor#	Vendor Name		Class	Pay Code							
18364	HOST HEALTHCARE LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓1673773		03/31/202	02/20/202	02/20/202			3,195.00	0.00	0.00	3,195.00 ✓
	✓1675891		03/31/202	02/27/202	02/27/202			3,150.00	0.00	0.00	3,150.00 ✓
	✓1677985	ER TRAVEL NURSE	03/31/202	03/06/202	03/06/202			607.50	0.00	0.00	607.50 ✓
	✓1680552	ER TRAVEL NURSE	03/31/202	03/13/202	03/13/202			1,957.50	0.00	0.00	1,957.50 ✓
		ER TRAVEL NURSE									Melynda Cardona 2/16, 2/17, 2/18 ✓
		ER TRAVEL NURSE									Melynda Cardona 2/17, 2/18, 2/19 ✓
		ER TRAVEL NURSE									Melynda Cardona 2/20 ✓
		ER TRAVEL NURSE									Melynda Cardona 3/3, 3/4 ✓
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	18364 HOST HEALTHCARE LLC							8,910.00	0.00	0.00	8,910.00
Vendor#	Vendor Name		Class	Pay Code							
D1710	KEEP-U-NEAT CLEANERS		W								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓031826		04/02/202	03/18/202	03/28/202			1,335.00	0.00	0.00	1,335.00 ✓
		DRY CLEANING JAN-MARCH 2021									
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	D1710 KEEP-U-NEAT CLEANERS							1,335.00	0.00	0.00	1,335.00
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
	✓033126		03/31/202	03/31/202	03/31/202			402.85	0.00	0.00	402.85 ✓
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	11600 LEGAL SHIELD							402.85	0.00	0.00	402.85
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
	✓90349784		03/31/202	02/26/202	03/31/202			2,137.00	0.00	0.00	2,137.00 ✓
		SUPPLIES									
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	14432 LGC CLINICAL DIAGNOSTICS, INC.							2,137.00	0.00	0.00	2,137.00
Vendor#	Vendor Name		Class	Pay Code							
10371	LOFTIN EQUIPMENT COMPANY										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓00082682		04/01/202	03/23/202	04/01/202			3,870.00	0.00	0.00	3,870.00 ✓
		GENERATOR MAINT									
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	10371 LOFTIN EQUIPMENT COMPANY							3,870.00	0.00	0.00	3,870.00

Vendor#	Vendor Name	Class	Pay Code								
M1511	MARKETLAB, INC	W									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ INV002698928		03/31/202	03/17/202	03/31/202			57.20	0.00	0.00	57.20 ✓
		SUPPLIES	eyegard x 50								
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		M1511	MARKETLAB, INC					57.20	0.00	0.00	57.20
Vendor#	Vendor Name	Class	Pay Code								
18376	██████████										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 040126		04/01/202	04/01/202	04/01/202			50.00	0.00	0.00	50.00 ✓
		deposit into wrong hospital									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		18376	██████████					50.00	0.00	0.00	50.00
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
	✓ 25267166		03/31/202	03/27/202	04/11/202			49.11	0.00	0.00	49.11 ✓
		SUPPLIES	media								
	✓ 25225717		04/01/202	03/19/202	04/03/202			45.36	0.00	0.00	45.36 ✓
		SUPPLIES									
	✓ 25244751		04/01/202	03/24/202	04/08/202			2,183.39	0.00	0.00	2,183.39 ✓
		SUPPLIES									
	✓ 25252917		04/01/202	03/25/202	04/09/202			78.14	0.00	0.00	78.14 ✓
		SUPPLIES									
	✓ 25250458		04/01/202	03/25/202	04/09/202			461.35	0.00	0.00	461.35 ✓
		SUPPLIES	stapler x 5								
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		M2178	MCKESSON MEDICAL SURGICAL INC					2,817.35	0.00	0.00	2,817.35
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
	✓ 2324306		03/31/202	02/26/202	02/26/202			1,565.00	0.00	0.00	1,565.00 ✓
		masa									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11612	MEDICAL AIR SERVICES ASSOC.					1,565.00	0.00	0.00	1,565.00
Vendor#	Vendor Name	Class	Pay Code								
18092	MEDICAL SOLUTIONS LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 201278338		03/31/202	03/06/202	03/13/202			2,760.00	0.00	0.00	2,760.00 ✓
		LAB TRAVEL TECH	Joshua Zettlemoyer 3/6, 3/10, 3/9, 3/11, 3/12								
	✓ 201259349		03/31/202	03/12/202	04/11/202			2,208.00	0.00	0.00	2,208.00 ✓
		LAB TRAVEL TECH	" " 3/23, 3/24, 3/25, 3/24								
	✓ 201269518		03/31/202	03/18/202	04/16/202			2,760.00	0.00	0.00	2,760.00 ✓
		TRAVEL LAB TECH	" " 2/27, 3/2, 3/3, 3/4, 3/5								
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		18092	MEDICAL SOLUTIONS LLC					7,728.00	0.00	0.00	7,728.00
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
	✓ 2414946347		03/31/202	03/04/202	03/29/202			22.37	0.00	0.00	22.37 ✓
		SUPPLIES	tubing, suction								
	✓ 2415203218		03/31/202	03/05/202	03/30/202			1,074.40	0.00	0.00	1,074.40 ✓
		SUPPLIES	blender								
	✓ 1703664959		04/01/202	03/28/202	03/28/202			422.45	0.00	0.00	422.45 ✓
		INTEREST CHARGES									

✓	2404209745		04/01/202	04/01/202	04/01/202		139.48	0.00	0.00	139.48 ✓	
		SUPPLIES									
			<i>disinfect wipes</i>								
✓	2407556262		04/01/202	04/01/202	04/01/202		4,213.82	0.00	0.00	4,213.82 ✓	
		SUPPLIES									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
	M2470	MEDLINE INDUSTRIES INC					5,872.52	0.00	0.00	5,872.52	
Vendor#	Vendor Name		Class	Pay Code							
10536	MORRIS & DICKSON CO, LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
✓	4597496		03/31/202	03/25/202	04/04/202		86.67	0.00	0.00	86.67 ✓	
		SUPPLIES									
✓	SC0516		03/31/202	03/25/202	04/04/202		13.89	0.00	0.00	13.89 ✓	
		SUPPLIES									
✓	4597497		03/31/202	03/25/202	04/04/202		2,149.20	0.00	0.00	2,149.20 ✓	
		SUPPLIES									
✓	SC0517		03/31/202	03/25/202	04/04/202		590.67	0.00	0.00	590.67 ✓	
		SUPPLIES									
✓	4594988		03/31/202	03/25/202	04/04/202		426.99	0.00	0.00	426.99 ✓	
		SUPPLIES									
✓	SC0515		03/31/202	03/25/202	04/04/202		496.00	0.00	0.00	496.00 ✓	
		<i>supplies</i>									
✓	SC0518		03/31/202	03/25/202	04/04/202		96.21	0.00	0.00	96.21 ✓	
		SUPPLIES									
✓	4602514		03/31/202	03/26/202	04/05/202		8.37	0.00	0.00	8.37 ✓	
		SUPPLIES									
✓	4602276		03/31/202	03/26/202	04/05/202		107.61	0.00	0.00	107.61 ✓	
		SUPPLIES									
✓	4602515		03/31/202	03/26/202	04/05/202		53.60	0.00	0.00	53.60 ✓	
		SUPPLIES									
✓	4609017		03/31/202	03/29/202	04/08/202		2,023.61	0.00	0.00	2,023.61 ✓	
		SUPPLIES									
✓	4610167		03/31/202	03/29/202	04/08/202		930.06	0.00	0.00	930.06 ✓	
		SUPPLIES									
✓	4609016		03/31/202	03/29/202	04/08/202		2,026.30	0.00	0.00	2,026.30 ✓	
		SUPPLIES									
✓	4609018		03/31/202	03/29/202	04/08/202		2,264.97	0.00	0.00	2,264.97 ✓	
		SUPPLIES									
✓	4609014		03/31/202	03/29/202	04/08/202		10.09	0.00	0.00	10.09 ✓	
		SUPPLIES									
✓	4609015		03/31/202	03/29/202	04/08/202		7,466.04	0.00	0.00	7,466.04 ✓	
		SUPPLIES									
✓	4610168		03/31/202	03/29/202	04/08/202		406.72	0.00	0.00	406.72 ✓	
		SUPPLIES									
✓	CM95892		03/31/202	03/30/202	04/09/202		-6.59	0.00	0.00	-6.59 ✓	
		SUPPLIES									
✓	4614487		03/31/202	03/30/202	04/09/202		80.37	0.00	0.00	80.37 ✓	
		SUPPLIES									
✓	4611909		03/31/202	03/30/202	04/09/202		2,026.30	0.00	0.00	2,026.30 ✓	
		SUPPLIES									
✓	4614488		03/31/202	03/30/202	04/09/202		580.27	0.00	0.00	580.27 ✓	
		SUPPLIES									
✓	4614486		03/31/202	03/30/202	04/09/202		5.57	0.00	0.00	5.57 ✓	
		SUPPLIES									
✓	0198532		04/01/202	03/25/202	04/04/202		2,119.11	0.00	0.00	2,119.11 ✓	
		SUPPLIES									
✓	4594427		04/01/202	03/25/202	04/04/202		4,068.54	0.00	0.00	4,068.54 ✓	

✓1029076361			03/31/202	03/22/202	03/22/202		198.00	0.00	0.00	198.00 ✓	
			POSTAGE REFILL								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		P1800	PITNEY BOWES INC				198.00	0.00	0.00	198.00	
Vendor#	Vendor Name			Class	Pay Code						
12708	POC ELECTRIC, LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓4544		03/31/202	03/07/202	03/31/202			450.00	0.00	0.00	450.00 ✓
		OR OPERATING TABLE BULB REI									
	✓4548		03/31/202	03/13/202	03/31/202			1,100.00	0.00	0.00	1,100.00 ✓
		BASEMENT DEMO LABOR & MAT									
	✓4562		03/31/202	03/31/202	03/31/202			2,916.68	0.00	0.00	2,916.68 ✓
		BREAKER INSTALL									
	✓4559		04/01/202	03/27/202	04/01/202			1,267.08	0.00	0.00	1,267.08 ✓
		KITCHEN BREAKER INSTALL									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		12708	POC ELECTRIC, LLC				5,733.76	0.00	0.00	5,733.76	
Vendor#	Vendor Name			Class	Pay Code						
11251	RAPID PRINTING LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓8819782		03/31/202	03/27/202	04/11/202			853.47	0.00	0.00	853.47 ✓
		SIGNS/ BANNER FOR CONSTRUC									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		11251	RAPID PRINTING LLC				853.47	0.00	0.00	853.47	
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
	✓0847001439621		03/31/202	02/26/202	02/26/202			2,368.70	0.00	0.00	2,368.70 ✓
		WASTE SERVICES									
	✓0847001444105		04/01/202	03/26/202	03/26/202			2,341.21	0.00	0.00	2,341.21 ✓
		WASTE SERVICE									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		10554	REPUBLIC SERVICES #847				4,709.91	0.00	0.00	4,709.91	
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
	✓116879763		03/30/202	03/16/202	04/10/202			2,617.41	0.00	0.00	2,617.41 ✓
		<i>Symbia evo excel</i>									
	✓116882454		03/30/202	03/24/202	03/24/202			3,612.95	0.00	0.00	3,612.95 ✓
		RAD CONTRACT 032426-042326									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		S2001	SIEMENS MEDICAL SOLUTIONS INC				6,230.36	0.00	0.00	6,230.36	
Vendor#	Vendor Name			Class	Pay Code						
11075	SUMMIT MEDICAL										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓693172		04/01/202	03/24/202	04/01/202			222.60	0.00	0.00	222.60 ✓
		SUPPLIES <i>armstrong grommet</i>									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		11075	SUMMIT MEDICAL				222.60	0.00	0.00	222.60	
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
	✓1502		03/24/202	03/21/202	04/15/202			3,160.00	0.00	0.00	3,160.00 ✓
		SURGERY SUPPLIES									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		17248	SUMMIT PAIN AND WELLNESS				3,160.00	0.00	0.00	3,160.00	

Vendor#	Vendor Name	Class	Pay Code								
	C2510 TRUBRIDGE						12,600.00	0.00	0.00	12,600.00	
U1064	UNIFIRST HOLDINGS INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	2921083509		03/24/202	03/19/202	04/13/202			454.80	0.00	0.00	454.80 ✓
		LINENS/SUPPLIES									
✓	2921083538		03/24/202	03/19/202	04/13/202			486.57	0.00	0.00	486.57 ✓
		LINENS/SUPPLIES									
✓	2921083479		03/24/202	03/19/202	04/13/202			318.73	0.00	0.00	318.73 ✓
		LINENS									
✓	2921082884A		03/31/202	03/12/202	04/06/202			54.89	0.00	0.00	54.89 ✓
		UNIFORMS									
✓	2921082879		03/31/202	03/12/202	04/06/202			3,537.12	0.00	0.00	3,537.12 ✓
		SUPPLIES/LINENS									
✓	2921082920		03/31/202	03/12/202	04/06/202			166.78	0.00	0.00	166.78 ✓
		SUPPLIES/LINENS									
✓	2921083195		03/31/202	03/16/202	04/10/202			5,937.37	0.00	0.00	5,937.37 ✓
		GOWNS/LINENS									
✓	2921083733		03/31/202	03/23/202	04/15/202			4,145.61	0.00	0.00	4,145.61 ✓
		GOWNS/ LINENS									
✓	2921084102		03/31/202	03/26/202	04/12/202			4,653.58	0.00	0.00	4,653.58 ✓
		SUPPLIES/ LINENS									
✓	2921084020		03/31/202	03/26/202	04/16/202			54.89	0.00	0.00	54.89 ✓
		UNIFORMS									
✓	2921084036		03/31/202	03/26/202	04/16/202			318.73	0.00	0.00	318.73 ✓
		SUPPLIES/ LINENS									
✓	2921084042		03/31/202	03/26/202	04/16/202			168.95	0.00	0.00	168.95 ✓
		LINENS/SUPPLIES									
✓	2921083448A		04/02/202	03/19/202	03/19/202			3,385.99	0.00	0.00	3,385.99 ✓
		LINENS/SUPPLIES									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC						23,684.01	0.00	0.00	23,684.01
Vendor#	Vendor Name	Class	Pay Code								
I1110	WERFEN USA LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	9112131137A		03/11/202	02/25/202	03/22/202			9,093.41	0.00	0.00	9,093.41 ✓
		SUPPLIES									
✓	9112127469A		03/31/202	02/21/202	03/18/202			10,001.23	0.00	0.00	10,001.23 ✓
		SUPPLIES									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC						19,094.64	0.00	0.00	19,094.64

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	228,912.93	0.00	0.00	228,912.93

APPROVED ON

APR 02 2026

BY COUNTY AUDITOR
CATHOUN COUNTY, TEXAS

RUN DATE:04/08/26
TIME:09:11

MEMORIAL MEDICAL CENTER
CHECK REGISTER
04/08/26 THRU 04/08/26

PAGE 1
GLCKREG

BANK--CHECK-----
CODE NUMBER DATE AMOUNT PAYEE

A/P	212601	04/08/26	.00	VOIDED
A/P	212602	04/08/26	2,502.94	AMAZON CAPITAL SERVICES
A/P	212603	04/08/26	849.00	AMERICAN APPLIANCE
A/P	212604	04/08/26	5,350.00	AVENO NETWORKS
A/P	212605	04/08/26	3,699.00	BAXTER HEALTHCARE
A/P	212606	04/08/26	9,478.67	BECKMAN COULTER INC
A/P	212607	04/08/26	30.00	
A/P	212608	04/08/26	457.20	CHUBB
A/P	212609	04/08/26	1,236.77	CLEARFLY
A/P	212610	04/08/26	624.95	COVIDIEN SALES LLC
A/P	212611	04/08/26	49.70	DEWITT POTH & SON
A/P	212612	04/08/26	265.00	DOWELL PEST CONTROL
A/P	212613	04/08/26	1,255.00	EPI-EDWARD PLUMBING
A/P	212614	04/08/26	155.34	EPIMED INTERNATIONAL INC
A/P	212615	04/08/26	60.00	FIRETRON, INC
A/P	212616	04/08/26	768.91	FISHER HEALTHCARE
A/P	212617	04/08/26	26.25	FRONTIER
A/P	212618	04/08/26	7,916.67	FUJI FILM
A/P	212619	04/08/26	1,982.50	FUSION MEDICAL STAFFING, LLC
A/P	212620	04/08/26	5,389.00	GETINGE USA SALES LLC
A/P	212621	04/08/26	43.12	HEB CREDIT RECEIVABLES DEPT308
A/P	212622	04/08/26	23,663.00	HOSPITAL CARE CONSULTANTS INC.
A/P	212623	04/08/26	8,910.00	HOST HEALTHCARE LLC
A/P	212624	04/08/26	1,335.00	KEEP-U-NEAT CLEANERS
A/P	212625	04/08/26	402.85	LEGAL SHIELD
A/P	212626	04/08/26	2,137.00	LGC CLINICAL DIAGNOSTICS, INC.
A/P	212627	04/08/26	3,870.00	LOFTIN EQUIPMENT COMPANY
A/P	212628	04/08/26	57.20	MARKETLAB, INC
A/P	212629	04/08/26	50.00	
A/P	212630	04/08/26	2,817.35	MCKESSON MEDICAL SURGICAL INC
A/P	212631	04/08/26	1,565.00	MEDICAL AIR SERVICES ASSOC.
A/P	212632	04/08/26	7,728.00	MEDICAL SOLUTIONS LLC
A/P	212633	04/08/26	5,872.52	MEDLINE INDUSTRIES INC
A/P	212634	04/08/26	.00	VOIDED
A/P	212635	04/08/26	34,502.70	MORRIS & DICKSON CO, LLC
A/P	212636	04/08/26	3,087.60	MPR ORTHOPEDICS
A/P	212637	04/08/26	199.34	MXR IMAGING, INC
A/P	212638	04/08/26	95.48	NACOGDOCHES TRANSCRIPTION
A/P	212639	04/08/26	3,118.90	NATIONAL FARM LIFE INSURANCE
A/P	212640	04/08/26	1,125.00	OLYMPUS AMERICA INC
A/P	212641	04/08/26	699.30	PARTSSOURCE, LLC
A/P	212642	04/08/26	198.00	PITNEY BOWES INC
A/P	212643	04/08/26	5,733.76	POC ELECTRIC, LLC
A/P	212644	04/08/26	853.47	RAPID PRINTING LLC
A/P	212645	04/08/26	4,709.91	REPUBLIC SERVICES #847
A/P	212646	04/08/26	6,230.36	SIEMENS MEDICAL SOLUTIONS INC
A/P	212647	04/08/26	222.60	SUMMIT MEDICAL
A/P	212648	04/08/26	3,160.00	SUMMIT PAIN AND WELLNESS
A/P	212649	04/08/26	1,917.34	TEXAS ASSOCIATION OF COUNTIES
A/P	212650	04/08/26	4,993.00	TEXAS MUTUAL INSURANCE CO

RUN DATE:04/08/26
TIME:09:11

MEMORIAL MEDICAL CENTER
CHECK REGISTER
04/08/26 THRU 04/08/26

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	212651	04/08/26	608.00	TEXAS STATE BOARD OF PHARMACY
A/P	212652	04/08/26	9.84	TREVIPAY- WALMART
A/P	212653	04/08/26	40.04	TRI WHOLESale CO.
A/P	212654	04/08/26	1,481.70	TRIOSE, INC
A/P	212655	04/08/26	12,600.00	TRUBRIDGE
A/P	212656	04/08/26	23,684.01	UNIFIRST HOLDINGS INC
A/P	212657	04/08/26	19,094.64	WERFEN USA LLC
A/P	212658	04/08/26	210,598.75	GOLDENCREEK HEALTHCARE
A/P	212659	04/08/26	64,257.36	LAVACA BAY NURSING AND REHAB
A/P	212660	04/08/26	57,094.06	TUSCANY VILLAGE
TOTALS:			560,863.10	✓

228,912.92 +
210,598.75 +
64,257.36 +
57,094.06 +
560,863.10 +

MCKESSON

STATEMENT

As of: 04/03/2026

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 SupplD:
 Territory:

Customer: 632536
 Date: 04/03/2026

As of: 04/03/2026 Page: 002
 Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Cust: 632536 PLEASE CHECK ANY
 Date: 04/03/2026 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
--------------	----------	-------------------	----------------------------------	-------------	---------------	----------------	-----	--------------	-----	-------------------

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 19,278.68 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/07/2017 2,451.97

If Paid By 04/07/2026,
 Pay This Amount: 18,893.08 USD

If Paid After 04/07/2026,
 Pay this Amount: 19,278.68 USD

Due If Paid On Time: 18,893.08 USD
 Disc lost if paid late: 385.60
 Due If Paid Late: 19,278.68 USD

APPROVED ON

APR 06 2026

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

1,109.56 +
 17,746.76 +
 36.76 +
 18,893.08 +

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

MCKESSON

STATEMENT

As of: 04/03/2026

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: 04/03/2026

As of: 04/03/2026 Page: 001
 Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Cust: 820405 PLEASE CHECK ANY
 Date: 04/03/2026 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	
03/30/2026	04/07/2026	7626237389 ✓	B2603-055-315220	115Invoice	22.64	1,132.20		1,109.56 ✓		7626237389	

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: 1,132.20 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 186,925.26
 03/30/2026

If Paid By 04/07/2026,
 Pay This Amount: 1,109.56 USD

If Paid After 04/07/2026,
 Pay this Amount: 1,132.20 USD

Due If Paid On Time: 1,109.56 ✓
 USD
 Disc lost if paid late: 22.64
 Due If Paid Late: 1,132.20
 USD

APPROVED ON

APR 06 2026

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 04/03/2026

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 SupplD:
Territory: 7001

As of: 04/03/2026 Page: 001
Mail to: Comp: 8000

Customer: 256342
Date: 04/03/2026

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

APPROVED ON

APR 06 2026

Cust: 256342 PLEASE CHECK ANY
Date: 04/03/2026 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											
03/30/2026	04/07/2026	✓7626467181	266153956	115Invoice	0.36	17.94		17.58	✓	7626467181	
03/30/2026	04/07/2026	✓7626467182	272592771	115Invoice	6.72	335.83		329.11	✓	7626467182	
03/30/2026	04/07/2026	✓7626467183	271771721	115Invoice	13.16	657.90		644.74	✓	7626467183	
03/30/2026	04/07/2026	✓7626467184	271854613	115Invoice	13.16	657.90		644.74	✓	7626467184	
03/30/2026	04/07/2026	✓7626467185	273944562	115Invoice	9.77	488.67		478.90	✓	7626467185	
03/30/2026	04/07/2026	✓7626478726	271854613	115Invoice	30.85	1,542.45		1,511.60	✓	7626478726	
03/30/2026	04/07/2026	✓7626478727	272208621	115Invoice	6.17	308.49		302.32	✓	7626478727	
03/30/2026	04/07/2026	✓7626478728	274045407	115Invoice	26.87	1,343.31		1,316.44	✓	7626478728	
03/30/2026	04/07/2026	✓7626478729	275438538	115Invoice	5.11	255.41		250.30	✓	7626478729	
03/30/2026	04/07/2026	✓7626478730	271291764	115Invoice	0.01	0.32		0.31	✓	7626478730	
03/31/2026	04/07/2026	✓7626825689	272525060	115Invoice	6.58	328.95		322.37	✓	7626825689	
03/31/2026	04/07/2026	✓7626825690	272687368	115Invoice	6.58	328.95		322.37	✓	7626825690	
03/31/2026	04/07/2026	✓7626825691	274568311	115Invoice	12.28	613.99		601.71	✓	7626825691	
03/31/2026	04/07/2026	✓7626825692	268657629	115Invoice	1.44	71.88		70.44	✓	7626825692	
03/31/2026	04/07/2026	✓7626827353	269732013	115Invoice	9.77	488.67		478.90	✓	7626827353	
03/31/2026	04/07/2026	✓7626827354	275586353	115Invoice	2.07	103.51		101.44	✓	7626827354	
03/31/2026	04/07/2026	✓7626827355	275438538	115Invoice	0.01	0.63		0.62	✓	7626827355	
03/31/2026	04/07/2026	✓7626827356	275520862	115Invoice	0.01	0.32		0.31	✓	7626827356	
03/31/2026	04/07/2026	✓7626827357	275797016	115Invoice	0.01	0.32		0.31	✓	7626827357	
03/31/2026	04/07/2026	✓7626827358	267044610	115Invoice	1.78	88.95		87.17	✓	7626827358	
03/31/2026	04/07/2026	✓7626827359	271291764	115Invoice	0.01	0.32		0.31	✓	7626827359	
03/31/2026	04/07/2026	✓7626827360	275553087	115Invoice	5.49	274.58		269.09	✓	7626827360	
03/31/2026	04/07/2026	✓7626827361	275707794	115Invoice	5.49	274.58		269.09	✓	7626827361	
03/31/2026	04/07/2026	✓7626827362	275520862	115Invoice	2.31	115.68		113.37	✓	7626827362	
03/31/2026	04/07/2026	✓7626827363	275779280	115Invoice	0.02	0.95		0.93	✓	7626827363	
03/31/2026	04/07/2026	✓7626827364	274045407	115Invoice	6.72	335.83		329.11	✓	7626827364	
03/31/2026	04/07/2026	✓7626827365	272208621	115Invoice	18.51	925.47		906.96	✓	7626827365	
03/31/2026	04/07/2026	✓7626827366	275438538	115Invoice	0.01	0.32		0.31	✓	7626827366	
04/01/2026	04/07/2026	✓7627098638	274863996	115Invoice	12.65	632.42		619.77	✓	7627098638	
04/01/2026	04/07/2026	✓7627098639	274045407	115Invoice	13.43	671.65		658.22	✓	7627098639	
04/01/2026	04/07/2026	✓7627098640	275941871	115Invoice	0.02	0.95		0.93	✓	7627098640	

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 04/03/2026

Page: 002

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 SupplD:
Territory: 7001

Customer: 256342
Date: 04/03/2026

As of: 04/03/2026 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 04/03/2026 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	
04/01/2026	04/07/2026	✓7627098641	275875166	115Invoice	9.77	488.67		478.90	✓	7627098641	
04/01/2026	04/07/2026	✓7627098642	272208621	115Invoice	6.17	308.49		302.32	✓	7627098642	
04/01/2026	04/07/2026	✓7627098643	275875166	115Invoice	2.88	144.12		141.24	✓	7627098643	
04/02/2026	04/07/2026	✓7627297784	276039176	115Invoice	5.49	274.58		269.09	✓	7627297784	
04/02/2026	04/07/2026	✓7627297785	276112102	115Invoice	1.09	54.65		53.56	✓	7627297785	
04/02/2026	04/07/2026	✓7627297786	266153956	115Invoice	0.03	1.27		1.24	✓	7627297786	
04/02/2026	04/07/2026	✓7627297787	274213063	115Invoice	6.72	335.83		329.11	✓	7627297787	
04/02/2026	04/07/2026	✓7627308557	274640150	115Invoice	3.09	154.47		151.38	✓	7627308557	
04/02/2026	04/07/2026	✓7627308558	276039176	115Invoice	0.01	0.32		0.31	✓	7627308558	
04/03/2026	04/07/2026	✓7627516779	272687368	115Invoice	6.72	335.83		329.11	✓	7627516779	
04/03/2026	04/07/2026	✓7627516781	274213063	115Invoice	6.72	335.83		329.11	✓	7627516781	
04/03/2026	04/07/2026	✓7627516782	274365325	115Invoice	13.43	671.65		658.22	✓	7627516782	
04/03/2026	04/07/2026	✓7627516783	274608450	115Invoice	6.72	335.83		329.11	✓	7627516783	
04/03/2026	04/07/2026	✓7627516784	276192034	115Invoice	2.31	115.68		113.37	✓	7627516784	
04/03/2026	04/07/2026	✓7627516785	267781358	115Invoice	28.61	1,430.38		1,401.77	✓	7627516785	
04/03/2026	04/07/2026	✓7627516787	267623256	115Invoice	1.78	88.95		87.17	✓	7627516787	
04/03/2026	04/07/2026	✓7627516788	276192034	115Invoice	14.19	709.53		695.34	✓	7627516788	
04/03/2026	04/07/2026	✓7627525800	271457839	115Invoice	0.02	0.95		0.93	✓	7627525800	
04/03/2026	04/07/2026	✓7627525801	276192034	115Invoice	10.98	549.16		538.18	✓	7627525801	
04/03/2026	04/07/2026	✓7627525802	276192034	115Invoice	4.95	247.74		242.79	✓	7627525802	
04/03/2026	04/07/2026	✓7627525803	272687368	115Invoice	13.16	657.90		644.74	✓	7627525803	

APPROVED ON

APR 06 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 04/03/2026

Page: 002

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 SupplD:
Territory: 7001

Customer: 256342
Date: 04/03/2026

As of: 04/03/2026 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 04/03/2026 ITEMS NOT PAID (✓)

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item
National Account 652536

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 18,108.97 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 186,925.26
03/30/2026

If Paid By 04/07/2026,
Pay This Amount:

17,746.76 USD

If Paid After 04/07/2026,
Pay this Amount:

18,108.97 USD

Due If Paid On Time:

USD 17,746.76

Disc lost if paid late:

362.21

Due If Paid Late:

USD 18,108.97

APPROVED ON

APR 06 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MCKESSON

STATEMENT

As of: 04/03/2026

Page: 001

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

Company: 8000

HEB PHCY 0434/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: 190813
 Date: 04/03/2026

As of: 04/03/2026 Page: 001
 Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Cust: 190813 PLEASE CHECK ANY
 Date: 04/03/2026 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 190813 HEB PHCY 0434/MEM MED PHS											
04/01/2026	04/07/2026	7627008539 ✓	4968624	115Invoice	0.75	37.51		36.76 ✓		7627008539	

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

TOTAL: Customer Number 190813 HEB PHCY 0434/MEM MED PHS
 Subtotals: 37.51 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 03/16/2026 33,922.43

If Paid By 04/07/2026,
 Pay This Amount: 36.76 USD

If Paid After 04/07/2026,
 Pay this Amount: 37.51 USD

Due If Paid On Time: 36.76 ✓
 USD

Disc lost if paid late: 0.75

Due If Paid Late: 37.51
 USD

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

<>
 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:	223.39
Past Due:	0.00
Total Due:	223.39
Account Balance:	223.39

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
03-30-2026	04-10-2026	✓3246529597	7011710388	Invoice	14.30		0.00	14.30 ✓
04-01-2026	04-10-2026	✓3246815146	7011731684	Invoice	120.13		0.00	120.13 ✓
04-02-2026	04-10-2026	✓3246940054	7011735666	Invoice	92.46		0.00	92.46 ✓
04-03-2026	04-10-2026	✓369617217	7011698101	Invoice	(50.22)		0.00	(50.22) ✓
04-03-2026	04-10-2026	✓369617218	7011698101	Invoice	46.72		0.00	46.72 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
223.39	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
04-03-2026	(150.53)

Reminders

Due Date	Amount
04-10-2026	223.39
Total Due:	223.39

APPROVED ON

APR 06 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Serviced By:	AMERISOURCEBERGEN DRUG CORP 501 PATRIOT PARKWAY ROANOKE TX 76262-6336	Customer:	WALGREENS CENTRAL FILL #21373 340B MEMORIAL MEDICAL CENTER 4100 DALE EARNHARDT WAY 200 NORTHLAKE TX 76262-2389 ✓	Customer Number	100566356 / 100566356
	DEA: RA0316958 866-451-9655			Terms	Sat - Fri Due in 7 days
		Remit To:	AMERISOURCEBERGEN PO Box 978740 DALLAS TX 75397-8740	Summary	
				Not Yet Due:	0.00
				Current:	319.42
				Past Due:	0.00
				Total Due:	319.42
				Account Balance:	319.42

Account Activity								
Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
04-02-2026	04-10-2026	✓3246984246	7011740962	Invoice	5.78		0.00	5.78
04-03-2026	04-10-2026	✓3247114906	7011748092	Invoice	313.64		0.00	313.64

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
319.42	0.00	0.00	0.00	0.00	0.00	0.00

Reminders	
Due Date	Amount
04-10-2026	319.42
Total Due:	
	319.42



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

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

TOLL FREE 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="checkbox"/>	"ENTER YOUR 4-DIGIT PIN"	###		
<input type="checkbox"/>	"MAKE A PAYMENT, PRESS 1"			1
<input type="checkbox"/>	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★		941 #
<input type="checkbox"/>	"IF FEDERAL TAX DEPOSIT ENTER 1"			1
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING YEAR"	★		26
<input type="checkbox"/>	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★		06
	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="checkbox"/>	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★		\$ 112,585.48 #
	"1 TO CONFIRM"			1
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0		\$ 61,139.48 #
	"ENTER W/CENTS AMOUNT OF MEDICARE"			\$ 14,298.84 #
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"			\$ 37,147.16 #
<input type="checkbox"/>	"6-DIGIT SETTLEMENT DATE"	★		
	"1 TO CONFIRM"			1
<input type="checkbox"/>	ACKNOWLEDGEMENT NUMBER			

CALLED IN BY:	<input type="text"/>
CALLED IN DATE:	<input type="text"/>
CALLED IN TIME:	<input type="text"/>

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

ENTER VOID CKS AS NEGATIVE NUMBERS

PAY PERIOD: BEGIN	3/20/2026	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: END	4/2/2026					
PAY DATE:	4/10/2026					
GROSS PAY:	\$ 529,820.73			\$ -		\$ 529,820.73
DEDUCTIONS:						
A/R	\$ 400.00					\$ 400.00
ADVANC						\$ -
BOOTS						\$ -
MUTUAL CRITICAL ILLNESS						\$ -
MUTUAL ACCIDENT						\$ -
IRS TAX						\$ -
MUTUAL SHORT TERM DIS						\$ -
MUTUAL VISION	\$ 800.80					\$ 800.80
CAFÉ-D	\$ 1,311.95					\$ 1,311.95
CAFÉ-H	\$ 29,553.83					\$ 29,553.83
	\$ -					\$ -
	\$ -					\$ -
CAFÉ-P						\$ -
CANCER						\$ -
CHILD	\$ -					\$ -
CLINIC						\$ -
COMBIN	\$ 228.60					\$ 228.60
CREDUN	\$ -					\$ -
DENTAL	\$ -					\$ -
DEP-LF						\$ -
MUTUAL TERM LIFE	\$ 1,201.78					\$ 1,201.78
MUTUAL HOSP INDEM	\$ 691.00					\$ 691.00
FED TAX	\$ 37,147.16					\$ 37,147.16
FICA-M	\$ 7,149.42					\$ 7,149.42
FICA-O	\$ 30,569.74					\$ 30,569.74
FICA-M ADDITIONAL						\$ -
FIRST C						\$ -
FLEX S	\$ 4,199.24					\$ 4,199.24
FLX-FE	\$ -					\$ -
GIFT S	\$ 195.08					\$ 195.08
MUTUAL CRITICAL ILLNESS	\$ 927.55					\$ 927.55
MUTUAL ACCIDENT	\$ 655.06					\$ 655.06
MUTUAL SHORT TERM DIS	\$ 1,826.24					\$ 1,826.24
LEGAL	\$ 1,003.48					\$ 1,003.48
OTHER	\$ 3,966.67					\$ 3,966.67
NATIONAL FARM LIFE	\$ 1,559.49					\$ 1,559.49
MED SURCHARGE						\$ -
Blank						\$ -
RELAY						\$ -
REPAY						\$ -
STONEDF	\$ 895.00					\$ 895.00
STONE						\$ -
STONE 2						\$ -
STUDEN						\$ -
TSA-R	\$ 35,777.38					\$ 35,777.38
UWHOS	\$ -					\$ -
TOTAL DEDUCTIONS:	\$ 160,059.47	\$ -	\$ -	\$ -	\$ -	\$ 160,059.47
NET PAY:	\$ 369,761.26	\$ -	\$ -	\$ -	\$ -	\$ 369,761.26
TOTAL CAFÉ 125 PLAN:	\$ 36,760.82					
TAXABLE PAY:	\$ 493,059.91	\$ 493,059.91				

	CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45% \$ 7,149.37		
FICA - MED (EE)	1.45% \$ 7,149.37	\$ 7,149.42	\$ (0.05)
FICA - SOC SEC (ER)	6.20% \$ 30,569.71		
FICA - SOC SEC (EE)	6.20% \$ 30,569.71	\$ 30,569.74	\$ (0.03)
FED WITHHOLDING	\$ 37,147.16	\$ 37,147.16	

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

TAX DEPOSIT:	\$ 112,585.32	\$ 112,585.48	
FICA - MEDICARE	2.90% \$ 14,298.74	\$14,298.84	
FICA - SOCIAL SECURITY	12.40% \$ 61,139.42	\$61,139.48	
FED WITHHOLDING	\$ 37,147.16	\$37,147.16	
TOTAL TAX:	\$ 112,585.32	\$112,585.48	\$ (0.16)

PREPARED BY: Andrie Flores
 PREPARED DATE: 4/6/2026

Run Date: 04/03/26
Time: 11:30

MEMORIAL MEDICAL CENTER
Payroll Register (Bi-Weekly)
Pay Period 03/20/26 - 04/02/26 Run# 1

Page 108
P2REG

Final Summary

-- Pay Code Summary -----					*-- Deductions Summary -----*		
PayCd	Description	Hrs	OT SH WE HO CB	Gross	Code	Amount	
1	REGULAR PAY-S1	9410.00	N N N	235847.49	A/R	225.00	A/R2 175.00
1	REGULAR PAY-S1	1794.00	N N N N	93240.23	ADVANC	AWARDS	BADGE
1	REGULAR PAY-S1	152.50	Y N N	6331.03	BCBSVI	BOOTS	CAFE H
2	REGULAR PAY-S2	2400.00	N N N	69692.53	CAFE-1	CAFE-2	CAFE-3
2	REGULAR PAY-S2	124.25	Y N N	4447.02	CAFE-4	CAFE-5	CAFE-C
3	REGULAR PAY-S3	1578.00	N N N	56449.76	CAFE-D	1311.95	CAFE-F CAFE-H 29553.83
3	REGULAR PAY-S3	72.00	Y N N	3189.74	CAFE-I	CAFE-L	CAFE-P
4	CALL BACK PAY	21.50	N 1 N N Y	1018.87	CMNCER	CHILD	CLINIC
4	CALL BACK PAY	6.00	N 2 N N Y	308.25	COMBIN	228.60	FREDUN DD ADV
4	CALL BACK PAY	4.25	N 3 N N Y	226.75	DENTAL	DEP-LF	DIS-LF
C	CALL PAY	2481.00	N 1 N N	4962.00	EAT	EATCSH	FEDTAX 37147.16
D	DOUBLE TIME	13.50	N 1 N N	1095.32	FICA-M	7149.42	FICA-O 30569.74
D	DOUBLE TIME	13.50	N 2 N N	1189.43	FLEX S	3623.42	FLX FE FORT D
D	DOUBLE TIME	9.00	N 3 N N	922.61	FUTA	GIFT S	195.00
D	DOUBLE TIME	1.25	Y 3 N N	190.39	GRP-IN	GTL	HOSP-I
E	EXTRA WAGES		N 1 N N N	2157.50	HSA	575.82	ID TPT IRSTAX
J	JURY LEAVE	8.00	N 1 N N	131.12	LEAF	LEGAL	201.48
K	EXTENDED-ILLNESS-BANK	322.00	N 1 N N	12075.92	MEALS	3966.67	METVIS MISC 802.00
P	PAID-TIME-OFF	2.00	N N N N	25.26	MISC/	MMCSHR	MOOACC 655.06
P	PAID-TIME-OFF	1154.00	N 1 N N	33996.51	MOOILL	927.55	MOOIND 691.00
X	CALL PAY 2	160.00	N 1 N N	320.00	MOOSTD	1826.24	MOOVIS 800.80
Z	CALL PAY 3	96.00	N 1 N N	288.00	OTHER	PHI	PHI*** 1559.49
t	PHONE & DATA		N N N N	1715.00	PR FIN	RELAY	REPAY
					SAMS	SCRUBS	SIGNON
					ST-TX	STONDF	895.00
					STONE2	STUDEN	SUNACC
					SUNILL	SUNIND	SUNLIF
					SUNSTD	SUNVIS	SURCHG
					TSA-1	TSA-2	TSA-C
					TSA-P	TSA-R	35777.38
					UNIFOR	UW/HOS	TUTION

*----- Grand Totals: 19822.75 ----- { Gross: 529820.73 } Deductions: 160059.47 Net: 369761.26
| Checks Count:- FT 199 PT 13 Other 42 Female 230 Male 23 Credit OverAmt 14 ZeroNet Term Total: 253 |

7102	76360	999	35	0	2025	353001414	1000	3/30/2026	\$23,788.00	1	HOUSTON METHODIST SUGAR LAND HOSPITAL	P	485	0		INLM	F	9/5/2025	9/5/2025	760545192
8149	76351	3	72	0	2026	84001003	0	3/30/2026	\$320.13	1	CITIZENS MEDICAL PROFESSIONALS	P	447	0		RT	F	6/10/2025	7/3/2025	471158090
8150	76351	3	72	0	2026	84001000	0	3/30/2026	\$534.57	1	CITIZENS MEDICAL PROFESSIONALS	P	447	0		RT	F	6/3/2025	6/13/2025	471158090
8151	76360	3	30	1	2026	84000990	0	3/30/2026	\$442.22	1	THE PHIA GROUP, LLC	P	846	0		INVC	F	3/17/2026	3/17/2026	43504115
8152	76360	3	30	1	2026	84000989	0	3/30/2026	\$803.33	1	US ANESTHESIA PARTNERS OF TEXAS PA	P	176	0		AO	F	10/21/2025	10/21/2025	760482007
8153	76360	3	54	1	2026	86000911	0	3/30/2026	\$826.34	1	THE PHIA GROUP, LLC	P	846	0		INVC	F	3/19/2026	3/19/2026	43504115

TOTAL CHECKS \$2,926.59
TOTAL VOIDS (\$23,788.00)
TOTAL TO FUND \$2,926.59

APPROVED ON

APR 06 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Mar 30, 2026 - Apr 5, 2026**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>	<u>CPSI "Handwritten" Check" #</u>	<u>GL number</u>
4/3/2026	MERCHANT BANKCD - FEE 971160910883	- Credit Card Processing Fee	9.95	902303	40440060
4/3/2026	MERCHANT BANKCD - FEE 971160913887	- Credit Card Processing Fee	165.17	902304	40440060
4/3/2026	MERCHANT BANKCD - INTERCHNG 971160913887	- Credit Card Processing Fee	180.84	902305	40440060
4/3/2026	MERCHANT BANKCD - DISCOUNT 971160910883	- Credit Card Processing Fee	29.95	902306	40440060
4/3/2026	MERCHANT BANKCD - DISCOUNT 971160913887	- Credit Card Processing Fee	373.95	902307	40440060
4/3/2026	HPHG LLC - PORT LAVAC 90 DEGREE BENEFITS CL AIMS 3/23/26 MemMedCtr PtLav	- Health Insurance Claim Payments	23,788.00*	902308	60320000
4/3/2026	AMERISOURCE BERG - PAYMENTS 100007768	- 340B Drug Program Expense	150.53*	902309	60310000
4/3/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#127438407 127208948	- 3rd Party Payor Fee	628.93	902310	40440076
4/2/2026	AUTHNET GATEWAY - BILLING 147318052	- 3rd Party Payor Fee	25.40	902311	40440076
4/2/2026	HPHG LLC - PORT LAVA 90 DEGREE BENEFITS CLA IMS 3.16.26 MemMedCtr PtLav	- Health Insurance Claim Payments	6,989.61**	902312	60320000
4/2/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#127114641 126887916	- 3rd Party Payor Fee	170.53	902313	40440076
4/1/2026	STATE COMPTLR - TEXNET 9134628/60331	- DSH IGT	206,238.43*	902314	20310010
4/1/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#126807490 126576606	- 3rd Party Payor Fee	81.46	902315	40440076
3/31/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#126436078 126343322	- 3rd Party Payor Fee	850.24	902316	40440076
3/31/2026	MCKESSON DRUG - AUTO ACH ACH06978803	- 340B Drug Program Expense	186,925.26*	902317	60310000
3/30/2026	IRS - USATAXPYMT 270648983799376	- Payroll Taxes	119,272.93**	902318	FWT:20200000 FICA:20210000
3/30/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#126138820 125961481	- 3rd Party Payor Fee	248.09	902319	40440076
			<u>546,129.27</u>		

Caitlin Clevenger - Controller
Memorial Medical Center

April 6, 2026

* approved on 4/1/26 CC
** approved on 3/25/26 CC

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

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>
			9.95 +
			165.17 +
			180.84 +
			29.95 +
			373.95 +
			23,788.00 +
			150.53 +
			628.93 +
			25.40 +
			6,989.61 +
			170.53 +
			206,238.43 +
			81.46 +
			850.24 +
			186,925.26 +
			119,272.93 +
			248.09 +
			546,129.27 +
			119,272.93 -
			186,925.26 -
			206,238.43 -
			6,989.61 -
			150.53 -
			23,788.00 -
			759.86 -
			1,979.25 -
			25.40 -
			0.00 *

Caitlin Clevenger - Controller
Memorial Medical Center

April 6, 2026

**APPROVED ON
APR 06 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

9.95 +
165.17 +
180.84 +
29.95 +
373.95 +
759.86 + — processing fee
628.93 +
170.53 +
81.46 +
850.24 +
248.09 +
1,979.25 + — payplus
25.40 + — authnet gateway
25.40 +

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 ✓	

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APR 06 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED

APR 02 2026

04/01/2026
18:06

Calhoun County Auditor

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 04/17/2026

0
ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

12792 LAVACA BAY NURSING AND REHAB

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 032526 ✓		03/01/202	03/25/202	04/17/202			3,345.44	0.00	0.00	3,345.44 ✓✓
✓ 032526A ✓	ins. pay. dep. into mmc opt. error	03/01/202	03/25/202	04/17/202			60,911.92	0.00	0.00	60,911.92 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12792	LAVACA BAY NURSING AND REHAB	64,257.36	0.00	0.00	64,257.36

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	64,257.36	0.00	0.00	64,257.36

3,345.44 +
60,911.92 +
64,257.36 +

APPROVED ON

APR 02 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK# 212659

RECEIVED

APR 02 2026

04/01/2026
18:06

Calhoun County Auditor

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 04/17/2026

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
✓ 032426 ✓		03/01/202	03/24/202	04/17/202			73,891.06	0.00	0.00	73,891.06 ✓
✓ 032426A ✓	ins. pay. dep. into mmc opt. error.	03/01/202	03/24/202	04/17/202			2,414.60	0.00	0.00	2,414.60 ✓
✓ 032526 ✓	"	03/01/202	03/25/202	04/17/202			38,591.85	0.00	0.00	38,591.85 ✓
✓ 032526A ✓	"	03/01/202	03/25/202	04/17/202			80,938.35	0.00	0.00	80,938.35 ✓
✓ 032626 ✓	"	03/01/202	03/26/202	04/17/202			4,559.86	0.00	0.00	4,559.86 ✓
✓ 032726 ✓	"	03/01/202	03/27/202	04/17/202			585.93	0.00	0.00	585.93 ✓
✓ 032726A ✓	"	03/01/202	03/27/202	04/17/202			4,306.68	0.00	0.00	4,306.68 ✓
✓ 033026 ✓	"	03/01/202	03/30/202	04/17/202			5,310.42	0.00	0.00	5,310.42 ✓

QIPP YEAR 9Q1 AMOUNT OWED

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE	210,598.75	0.00	0.00	210,598.75

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	210,598.75	0.00	0.00	210,598.75

73,891.06 +
 2,414.60 +
 38,591.85 +
 80,938.35 +
 4,559.86 +
 585.93 +
 4,306.68 +
 5,310.42 +
 QIPP 210,598.75 *

APPROVED ON

APR 02 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CNK# 212658

RECEIVED

APR 02 2026

04/01/2026

18:06

Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 04/17/2026

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
✓ 032526 ✓		03/01/202	03/25/202	04/17/202			1,933.69	0.00	0.00	1,933.69 ✓✓
✓ 032526A ✓	ins. pay dep. into mm copt. error	03/01/202	03/25/202	04/17/202			4,228.68	0.00	0.00	4,228.68 ✓✓
✓ 033026A ✓	"	03/01/202	03/30/202	04/17/202			46,699.69	0.00	0.00	46,699.69 ✓✓
✓ 033026 ✓	"	03/01/202	03/30/202	04/17/202			4,232.00	0.00	0.00	4,232.00 ✓✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE	57,094.06	0.00	0.00	57,094.06

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	57,094.06	0.00	0.00	57,094.06
				1,933.69 +
				4,228.68 +
				46,699.69 +
				4,232.00 +
				57,094.06 *

APPROVED ON

APR 02 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 212660

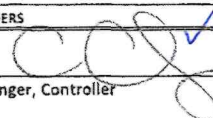
APPROVED ON

APR 06 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
4/6/2026

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		100.00	-	0.19		100.19	0
						Bank Balance	100.19
						Variance	-
						Leave in Balance	100.00
<i>Routing Information for Ashford Gardens:</i>							
Ashford Health Care Center Ltd Co JP Morgan Chase Bank ABA 111000614 Account #							
Broadmoor		100.00	-	0.17		Adjust Balance/Transfer Amt	0.19
						Bank Balance	100.17
						Variance	-
						Leave in Balance	100.00
Crescent		6,879.78	6,779.78	1.54		Adjust Balance/Transfer Amt	0.17
						Bank Balance	101.54
						Variance	-
						Leave in Balance	100.00
Fort Bend		100.00	-	0.16		Adjust Balance/Transfer Amt	1.54
						Bank Balance	100.16
						Variance	-
						Leave in Balance	100.00
Solera at W Houston		8,988.66	8,888.66	3.35		Adjust Balance/Transfer Amt	0.16
						Bank Balance	103.35
						Variance	-
						Leave in Balance	100.00
<i>Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:</i>							
Cantex Health Care Centers III LLC JP Morgan Chase Bank ABA 111000614 Account							
						Adjust Balance/Transfer Amt	3.35
TOTAL TRANSFERS							-

Approved: 
Caitlin Clevenger, Controller

4/6/2026

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.

		✓ <u>Transfer-Out</u>	✓ <u>Transfer-In</u>	<u>MMC PORTION</u>	<u>NH PORTION</u>
Ashford Gardens					
3/31/2026	Credit Interest	-	0.19		0.19
					-
					-
		-	0.19	-	0.19
Broadmoor					
3/31/2026	Credit Interest	-	0.17		0.17
					-
					-
		-	0.17	-	0.17
Crescent					
4/1/2026	Domestic Wire Withdrawal WIRE OUT CANTEX HEAL TH CARE CENTERS III	6,779.78	-		-
3/31/2026	Credit Interest	-	1.54		1.54
					-
		6,779.78	1.54	-	1.54
Fort Bend					
3/31/2026	Credit Interest	-	0.16		0.16
					-
					-
		-	0.16	-	0.16
Solera at West Houston					
4/1/2026	Domestic Wire Withdrawal WIRE OUT CANTEX HEAL TH CARE CENTERS III	8,888.66	-		-
3/31/2026	Credit Interest	-	3.35		3.35
					-
		8,888.66	3.35	-	3.35
TOTALS		15,668.44	5.41	-	5.41

Balances Overview



COUNTY OF CALHOUN TEXAS
 AGIBSON
 as of Apr 6, 2026 8:40:39 AM CDT

Account Activity

DDA(14)

	Current Balance	Available Balance
	\$1,072,261.79	\$1,072,261.79
Account Name		
*4357 MEMORIAL MEDICAL - OPERATING	\$574,556.51	\$574,556.51
*4381 MEMORIAL MEDICAL / NH ASHFORD	✓ \$100.19 ✓	\$100.19
*4403 MEMORIAL MEDICAL / NH BROADMOOR	✓ \$100.17 ✓	\$100.17
*4411 MEMORIAL MEDICAL / NH CRESCENT	✓ \$101.54 ✓	\$101.54
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	✓ \$103.35 ✓	\$103.35
*4446 MEMORIAL MEDICAL / NH FORT BEND	✓ \$100.16 ✓	\$100.16
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$58,333.52	\$58,333.52
*4551 CAL CO INDIGENT HEALTHCARE	\$4,862.49	\$4,862.49
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$139.70	\$139.70
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$102.09	\$102.09
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$70,200.33	\$70,200.33
*3407 MMC -NH TUSCANY VILLAGE	\$268,112.23	\$268,112.23
*2998 MMC -MONEY MARKET FUND	\$74,974.34	\$74,974.34
*7168 MEMORIAL MEDICAL LOCK BOX	\$20,475.17	\$20,475.17
Total Balance	\$1,072,261.79	\$1,072,261.79

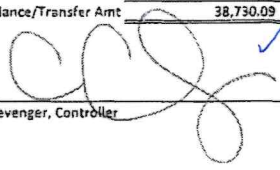
Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 4/6/2026

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		500,075.41	499,548.35	39,089.40	-	39,616.46	38,730.09
					Bank Balance	39,616.46	
					Variance	(0.00)	
					Leave in Balance	100.00	
					Jan Interest	255.07	
					Feb Interest	171.99	
					Mar Interest	292.52	
					Recoup owed to MMC	66.79	

Routing Information for Golden Creek:
 Nexion Health at Golden Creek
 Wells Fargo Bank, N.A.
 ABA 121000248
 Account #

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

Adjust Balance/Transfer Amt 38,730.09

Approved: 
 Caitlin Clevenger, Controller

4/6/2026

APPROVED ON

APR 06 2026

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Golden Creek

	✓ <u>Transfer-Out</u>	✓ <u>Transfer-In</u>	MMC <u>PORTION</u>	<u>NH PORTION</u>
4/3/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 040326 543684555876917	-	3,373.80		3,373.80
4/3/2026 GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	3,488.90		3,488.90
4/2/2026 Deposit	-	17,505.26		17,505.26
4/2/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 040226 543684555876917	-	3,496.00		3,496.00
4/1/2026 Domestic Wire Withdrawal WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	498,223.03	-		-
4/1/2026 Over Counter Check	1,325.32	-		-
4/1/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 040126 543684555876917	-	175.58		175.58
4/1/2026 GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	4,950.00		4,950.00
3/31/2026 Credit interest	-	292.52		292.52
3/30/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 033026 543684555876917	-	5,807.34		5,807.34
	499,548.35	39,089.40	-	39,089.40

Transaction Report



Transaction Report for account [REDACTED]

Reported on Mon Apr 06 14:09:00 GMT 2026

Current Balance \$62,101.95
 Interest Accrued \$6.71
 Available Balance \$62,101.95

Date	Description	Credit	Debit	Running Balance
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
04/03/2026	External Deposit TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 040326 543684555876917	3373.80		39615.46 ✓
04/03/2026	External Deposit GOLDEN CREEK HEALTHCARE MERCHANT DEPOSIT - MERC DEP 1220356	3488.90		36242.66
04/02/2026	178660922662731 Deposit Deposit	17505.26		32753.76
04/02/2026	External Deposit TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 040226 543684555876917	3496.00		15248.50
04/01/2026	Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT NEXION HEAL TH d/b/a GOLDEN CREEK HC		498223.03	11752.50
04/01/2026	256 Over Counter Check Over Counter Check		1325.32	509975.53

Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 4/6/2026

Account	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Nursing Home Gulf Pointe Plaza- Private Pay	100.00		39.70			139.70	No Transfer (Holding due to pending claims requests)
					Bank Balance Variance	139.70	
					Leave in Balance	100.00	

Account	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Nursing Home Gulf Pointe Plaza-Medicare/Medicaid	101.96		0.13			102.09	NO TRANSFER
					Bank Balance Variance	102.09	
					Leave in Balance	100.00	
					Adjust Balance/Transfer Amt	2.09	

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS -

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

Approved: 
 Caitlin Clevenger, Controller 4/6/2026

APPROVED ON

APR 06 2026

BY COUNTY AUDITOR
 CATHY R. GIBSON

Gulf Pointe Plaza-Private Pay

3/31/2026 Credit Interest

<u>Transfer-Out</u>	<u>Transfer-In</u>	MMC <u>PORTION</u>	<u>NH PORTION</u>
0	39.7		39.70
-	39.70	-	39.70

Gulf Pointe Plaza-Medicare/Medicaid

3/31/2026 Credit Interest

<u>Transfer-Out</u>	<u>Transfer-In</u>	MMC <u>PORTION</u>	<u>NH PORTION</u>
0	0.13		0.13
-	0.13	-	0.13
-	39.83	-	39.83

Balances Overview



COUNTY OF CALHOUN TEXAS
 AGIBSON
 as of Apr 6, 2026 8:40:39 AM CDT

Account Activity

DDA(14)

	Current Balance	Available Balance
	\$1,072,261.79	\$1,072,261.79
Account Name		
*4357 MEMORIAL MEDICAL - OPERATING	\$574,556.51	\$574,556.51
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$100.19	\$100.19
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$100.17	\$100.17
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$101.54	\$101.54
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$103.35	\$103.35
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$100.16	\$100.16
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$58,333.52	\$58,333.52
*4551 CAL CO INDIGENT HEALTHCARE	\$4,862.49	\$4,862.49
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	✓ \$139.70 ✓	\$139.70
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$102.09 ✓	\$102.09
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$70,200.33	\$70,200.33
*3407 MMC -NH TUSCANY VILLAGE	\$268,112.23	\$268,112.23
*2998 MMC -MONEY MARKET FUND	\$74,974.34	\$74,974.34
*7168 MEMORIAL MEDICAL LOCK BOX	\$20,475.17	\$20,475.17
Total Balance	\$1,072,261.79	\$1,072,261.79

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 4/6/2026

Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Chs Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Tuscany Village	408,168.74	408,068.74	261,146.31	-	-	261,246.31	261,146.31
					Bank Balance Variance	261,246.31	
						Leave in Balance	100.00

Adjust Balance/Transfer Amt 261,146.31

Approved: 
 Caitlin Clevenger, Controller 4/6/2026

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.

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

Tuscany Village

	✓ Transfer-Out	✓ Transfer-In	MMC PORTION	NH PORTION
4/2/2026 Deposit	-	148,791.87		148,791.87
4/2/2026 Merchant Capture Deposit	-	62,056.94		62,056.94
4/1/2026 Domestic Wire Withdrawal WIRE OUT VILLAGE POS T ACUTE HEALTH SERVICE	407,909.08	-		-
4/1/2026 Over Counter Check	159.66	-		-
4/1/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7760269*1205296137*000004011\ 676201	-	21,197.26		21,197.26
3/31/2026 Credit Interest	-	435.96		435.96
3/31/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1237026729*13 41858379\ 746003411	-	15,885.90		15,885.90
3/30/2026 Deposit	-	10,704.11		10,704.11
3/30/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1237265459*13 41858379\ 746003411	-	17.64		17.64
3/30/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7756950*1205296137*000004011\ 676201	-	2,056.63		2,056.63
	<u>408,068.74</u>	<u>261,146.31</u>	-	<u>261,146.31</u>

Transaction Report



Transaction Report for account [REDACTED]

Reported on Mon Apr 06 14:05:00 GMT 2026

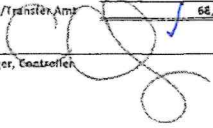
Current Balance \$268,112.23
 Interest Accrued \$45.02
 Available Balance \$268,112.23

Date	Description	Credit	Debit	Running Balance
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
04/02/2026	178660922662805 Deposit Deposit	148791.87		261246.31 ✓
04/02/2026	9073913846 Descriptive Deposit Merchant Capture Deposit	62056.94		112454.44
04/01/2026	Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT VILLAGE POS T ACUTE HEALTH SERVICE		407909.08	50397.50
04/01/2026	1197 Over Counter Check Over Counter Check		159.66	458306.58
04/01/2026	External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7760269*1205296137*00004011\ 676201	21197.26		458466.24
03/31/2026	Credit Interest Credit Interest	435.96		437268.98
03/31/2026	External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1237026729*13 41858379\ 746003411	15885.90		436633.02
03/30/2026	27310892647254 Deposit Deposit	10704.11		420947.12
03/30/2026	External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1237265459*13 41858379\ 746003411	17.64		410243.01
03/30/2026	External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7756950*1205296137*00004011\ 676201	2056.63		410225.37
03/27/2026	127050862652286 Deposit Deposit	4180.56		408168.74

Memorial Medical Center
 Nursing Home UPL
 Weekly HSL Transfer
 Prosperity Accounts
 4/6/2026

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		538,959.21	538,561.84	69,802.96			70,200.33	68,867.39
						Bank Balance	70,200.33	
						Variance	-	
						Leave in Balance	100.00	
						Jan Interest	151.94	
						Feb Interest	145.43	
						Mar Interest	337.66	
						Recoup owed to MMC	537.91	
						Adjust Balance/Transfer Amt		68,867.39

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

Approved: 
 Caitlin Clevenger, Encarnacion 4/6/2026

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

Lavaca Bay Nursing and Rehab

	✓ Transfer-Out	✓ Transfer-In	MMC PORTION	NH PORTION
4/3/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7763075*1205296137*000004011\ 676481	-	8,711.55		8,711.55
4/2/2026 Deposit	-	7,155.75		7,155.75
4/1/2026 Domestic Wire Withdrawal WIRE OUT REG Leased OpCo LLC	321,481.44	-		-
4/1/2026 Over Counter Check	217,080.40	-		-
4/1/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1237265463*13 41858379\ 746003411	-	3,515.68		3,515.68
4/1/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7760301*1205296137*000004011\ 676481	-	8,070.96		8,070.96
3/31/2026 Credit Interest	-	397.66		397.66
3/31/2026 Deposit	-	34,401.61		34,401.61
3/31/2026 Care Hospice - Payment 41008	-	1,904.00		1,904.00
3/31/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7758873*1205296137*000004011\ 676481	-	892.63		892.63
3/31/2026 CENTENE CORP - HCCLAIMPMT TRN*1*0912975402* 1742770542\	-	3,375.82		3,375.82
3/30/2026 NDC SWEEP SWEEP FR 00974300029 - FAC 02330	-	1,377.30		1,377.30
	538,561.84	69,802.96	-	69,802.96

Balances Overview



COUNTY OF CALHOUN TEXAS
 AGIBSON
 as of Apr 6, 2026 8:40:25 AM CDT

Account Activity

DDA(14)

	Current Balance	Available Balance
	\$1,050,660.02	\$1,050,660.02
Account Name		
*4357 MEMORIAL MEDICAL - OPERATING	\$563,454.74	\$563,454.74
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$100.19	\$100.19
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$100.17	\$100.17
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$101.54	\$101.54
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$103.35	\$103.35
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$100.16	\$100.16
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$47,833.52	\$47,833.52
*4551 CAL CO INDIGENT HEALTHCARE	\$4,862.49	\$4,862.49
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$139.70	\$139.70
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$102.09	\$102.09
*5506 MMC -NH LAVACA BAY NURSING & REHAB	✓ \$70,200.33	\$70,200.33
*3407 MMC -NH TUSCANY VILLAGE	\$268,112.23	\$268,112.23
*2998 MMC -MONEY MARKET FUND	\$74,974.34	\$74,974.34
*7168 MEMORIAL MEDICAL LOCK BOX	\$20,475.17	\$20,475.17
Total Balance	\$1,050,660.02	\$1,050,660.02

MEMORIAL MEDICAL CENTER CHECK REQUEST

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Memorial Medical Center

Date Requested: 4/6/2026

APPROVED ON

APR 06 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK#001179

FOR ACCT USE ONLY

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

AMOUNT: \$695.03

G/L NUMBER: 21400015

EXPLANATION: Quarterly Interest owed to MMC - Lavaca Bay

REQUESTED BY: Autumn Gibson

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center ✓

Date Requested: 4/6/2026

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APPROVED ON

APR 06 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK#000257 ✓

FOR ACCT USE ONLY

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

AMOUNT: \$719.58

G/L NUMBER: 21400013

EXPLANATION: Quarterly Interest owed to MMC - Golden Creek

REQUESTED BY: Autumn Gibson

AUTHORIZED BY:  ✓

Lavaca Bay ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

mmc ✓

Date Requested: 4-2-26

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APPROVED ON

APR 06 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK# 001178

FOR ACCT. USE ONLY

- Imprest Cash
- A/P Check
- Voucher Check

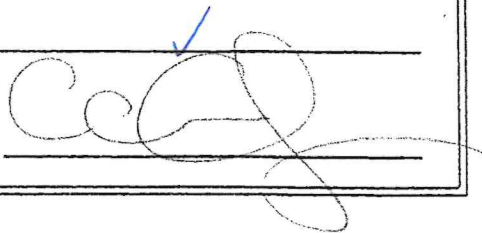
AMOUNT \$537.91 ✓

G/L NUMBER: 20656000

EXPLANATION: Humana recoup- Lavaca Bay 3-30-26

EFT trace #183324988260331

REQUESTED BY: K. Pokluda

AUTHORIZED BY: 

Check Summary

Transaction Date: March 30, 2026

HUMANA INC. P.O. BOX 14601 LEXINGTON, KY 405124601 ASSETS.HUMANA.COM/IS/CONTENT/HUMANA /INFORMATION%20FOR%20NON%20PARTICIPATING%20PROVIDERS.PDF	Payee Tax ID:	[REDACTED]	Payee Name:	MEMORIAL MEDICAL CENTER
	Payee ID:	[REDACTED]	Payee Address:	815 N VIRGINIA ST PORT LAVACA, TX 779793025
	Check/EFT Trace Number:	[REDACTED]		
	Payment Amount:	\$591.05		
	Check/EFT Date:	03/30/2026		
	Production End Cycle Date:	03/30/2026		

Provider Adjustments

Provider Adjustment Code	Provider Adjustment Identifier	Provider Adjustment Amount
WO	P2330-001060003 KEM820252170280989	-\$537.91

Lavaca Bay
William EITTS

Patient Name:	[REDACTED]	Claim Number:	820260840569454	Claim Date:	03/20/2026 - 03/20/2026	Claim Status Code:	1
Patient ID:	[REDACTED]	Group / Policy:	[REDACTED]	Facility Type:	85	Claim Charge:	\$2,319.00
Patient Ctrl Nbr:	[REDACTED]	Contract Hdr:	MEDICARE ADVANTAGE	Claim Frequency:	1	Claim Payment:	\$414.70
Rendering Prvd:	MEMORIAL MEDICAL CENTER,	Rendering Prv ID:	[REDACTED]	Claim Received Date:	03/25/2026	Patient Resp:	\$115.00
Original Ref Nbr:							

Line Details

Line Ctrl Nbr	Dates of Service	Render Prov ID	Rev	Sub Proc / Modifier / Units	Adj Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adj (Qty)	Adj Amount	Results: 4	Payment
[REDACTED]	03/20/2026 - 03/20/2026		0450		HC:96372 / 1		\$175.00 (86)	\$175.00	PR-3 CO-253	\$115.00 \$1.20		\$58.80
[REDACTED]	03/20/2026 - 03/20/2026		0450		HC:99284 / 1		\$363.16 (86)	\$1,090.00	CO-253 CO-186	\$7.26 \$726.84		\$355.50
[REDACTED]	03/20/2026 - 03/20/2026		0306		HC:87502 / 1			\$894.00	CO-45	\$894.00		\$0.00
[REDACTED]	03/20/2026 - 03/20/2026		0306		HC:87635 / 1			\$160.00	CO-45	\$160.00		\$0.00

Patient Name:	[REDACTED]	Claim Number:	[REDACTED]	Claim Date:	11/17/2025 - 11/21/2025	Claim Status Code:	1
Patient ID:	[REDACTED]	Group / Policy:	[REDACTED]	Facility Type:	13	Claim Charge:	\$15,501.01
Patient Ctrl Nbr:	[REDACTED]	Contract Hdr:	MEDICARE ADVANTAGE	Claim Frequency:	7	Claim Payment:	\$0.00
Rendering Prvd:	MEMORIAL MEDICAL CENTER,	Rendering Prv ID:	1689630865	Claim Received Date:	12/02/2025	Patient Resp:	\$0.00
Original Ref Nbr:							

Line Details

Results: 10

✓ CLOAKED COPY ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

MMC ✓

Date Requested: 3-31-26

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APPROVED ON
APR 06 2026

FOR ACCT. USE ONLY

- Imprest Cash
- A/P Check
- Voucher Check

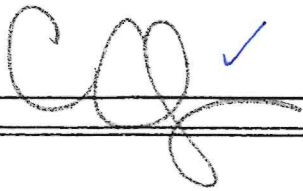
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK# 000758
G/L NUMBER: 20653000

AMOUNT \$66.79 ✓

EXPLANATION: UHC Community Plan recoup - Golden Creek 3-27-26

Pmt # 26086B1000758284

REQUESTED BY: K. Pokhuda

AUTHORIZED BY:  ✓

UnitedHealthcare

UnitedHealthcare Community & State
P.O. Box 5290
Kingston NY 12402
PHONE: 1-888-887-9003

STD-PRA
**PROVIDER
REMITTANCE ADVICE**



Texas

MEMORIAL MEDICAL CLINIC
1016 N VIRGINIA ST
PORT LAVACA TX 77979-3000

PAYMENT DATE:	03/27/26
PAYEE TAX NUMBER:	
PAYEE NPI:	
PAYEE ID:	
PAYEE NAME:	MEMORIAL MEDICAL CLINIC
PAYMENT NUMBER:	
PAYMENT AMOUNT:	\$50.36
RA REFERENCE ID:	

Golden Creek

SUMMARY OF OVERPAYMENTS/ PAYMENTS RECOVERED

OVERPAYMENT CREATION DATE	PATIENT LAST NAME	PATIENT FIRST NAME	MEMBER ID	PATIENT ACCT NUMBER	CLAIM NUMBER	DATE(S) OF SERVICE	ORIGINAL OVERPAYMENT AMOUNT	PREVIOUSLY DEDUCTED	PRIOR BALANCE & NEW OVERPAYMENT		REMAINING AMOUNT	
									CURRENT REDUCTIONS	CURRENT RECOVERED		
03/06/						02/01/0025	\$2,169.68	\$2,122.79	\$0.00	\$66.79	\$0.00	
THIS REPRESENTS PREVIOUS BENEFITS THAT WERE PAID IN ERROR								TOTAL DEDUCTIONS		\$66.79	\$66.79	
TOTAL OVERPAYMENT CARRIED FORWARD										\$0.00		

THE AMOUNT PAYABLE FOR THIS STATEMENT HAS BEEN USED TO REDUCE AN OVERPAYMENT MADE ON THE CLAIM(S) NOTED ABOVE. PLEASE ADJUST YOUR PATIENT ACCOUNT BALANCE BASED ON THIS INFORMATION.

RUN DATE:04/08/26
TIME:11:49

MEMORIAL MEDICAL CENTER
CHECK REGISTER
04/08/26 THRU 04/08/26

PAGE 4
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHG 000257 04/08/26 719.58 MMC OPERATING
NHG 000258 04/08/26 66.79 MMC OPERATING
TOTALS: 786.37

66.79 --- golden creek
719.58 --- golden creek
786.37 *

RUN DATE:04/08/26
TIME:11:49

MEMORIAL MEDICAL CENTER
CHECK REGISTER
04/08/26 THRU 04/08/26

PAGE 3
GLCKREG

BANK--CHECK-----
CODE NUMBER DATE AMOUNT PAYEE

BSL 001178 04/08/26 537.91 MMC OPERATING
BSL 001179 04/08/26 695.03 MMC OPERATING
TOTALS: 1,232.94

537.91 + — Lavaca Bay
695.03 + — Lavaca Bay
1,232.94 +