

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---April 15, 2026

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$	691,227.46
TOTAL TRANSFERS BETWEEN FUNDS	\$	73,167.65
TOTAL NURSING HOME UPL EXPENSES	\$	174,533.15
TOTAL INTER-GOVERNMENT TRANSFERS	\$	-
<b>GRAND TOTAL DISBURSEMENTS APPROVED April 15, 2026</b>	<b>\$</b>	<b>938,928.26</b>

**APPROVED**

APR 15 2026

**CALHOUN COUNTY  
COMMISSIONERS COURT**

**MEMORIAL MEDICAL CENTER**  
**COMMISSIONERS COURT APPROVAL LIST FOR ---April 15, 2026**

**PAYABLES AND PAYROLL**

4/9/2026 Weekly Payables	426,417.05
4/9/2026 Patient Refunds	2,100.00
4/13/2026 McKesson-340B Prescription Expense	12,215.87
4/13/2026 Cencora-340B Prescription Expense	408.84
4/13/2026 Cencora-340B Prescription Expense	1,068.94

**Prosperity Electronic Bank Payments**

4/13/2026 90 Degree Benefits - employee insurance claims	55,066.11
4/13/2026 Sales Tax - March 2026	2,083.38
4/13/2026 TCDRS March 2026 Retirement	89,967.24
4/13/2026 TCDRS March 2026 Retirement	91,569.98
4/13/2026 Pay Plus-Patient Claims Processing Fee	2,552.88
4/13/2026 Credit Card Lease Fee	610.46
4/13/2026 Credit Card Processing Fee	7,166.71

**TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS** **\$ 691,227.46**

**TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES**

4/9/2026 MMC Operating to Bethany/Lavaca Bay-Correction of insurance payment deposited into MMC Operating in error	345.77
4/9/2026 MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	19,316.69
4/9/2026 MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	53,505.19

**TOTAL TRANSFERS BETWEEN FUNDS** **\$ 73,167.65**

**NURSING HOME UPL EXPENSES**

4/13/2026 Nursing Home UPL-Nexion Transfer	63,291.18
4/13/2026 Nursing Home UPL-Tuscany Transfer	32,262.35
4/13/2026 Nursing Home UPL-HSL Transfer	78,979.62

**TOTAL NURSING HOME UPL EXPENSES** **\$ 174,533.15**

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

**GRAND TOTAL DISBURSEMENTS APPROVED April 15, 2026** **\$ 938,928.26**

# RECEIVED

APR 09 2026

04/09/2026  
15:51

Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 04/23/2026

0  
ap\_open\_invoice.template

Vendor#	Vendor Name	Class	Pay Code								
11283	ACE HARDWARE 15521										
✓	Invoice# 033126	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
			03/01/202	03/31/202	04/20/202			645.05	0.00	0.00	645.05
		SUPPLIES		Building maintance							✓
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11283	ACE HARDWARE 15521					645.05	0.00	0.00	645.05
Vendor#	Vendor Name	Class	Pay Code								
10950	ACUTE CARE INC										
✓	Invoice# INV2744	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
			04/07/202	04/20/202	04/20/202			1,400.00	0.00	0.00	1,400.00
		RFID FEE									✓
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10950	ACUTE CARE INC					1,400.00	0.00	0.00	1,400.00
Vendor#	Vendor Name	Class	Pay Code								
14028	AMAZON CAPITAL SERVICES										
✓	Invoice# 1GCVX7JDHFNM	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
			03/23/202	03/11/202	03/11/202			260.40	0.00	0.00	260.40
✓	Invoice# 1D73HK4WK6G3	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
			03/31/202	03/27/202	03/27/202			115.63	0.00	0.00	115.63
		SUPPLIES		Stuffed Bear, hand shower, paint sprayer							✓
		SUPPLIES		microscope bulb							✓
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14028	AMAZON CAPITAL SERVICES					376.03	0.00	0.00	376.03
Vendor#	Vendor Name	Class	Pay Code								
A2271	ARTHREX, INC	W									
✓	Invoice# 927036232	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
			03/01/202	03/26/202	04/08/202			295.00	0.00	0.00	295.00
✓	Invoice# 927020744	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
			03/01/202	04/08/202	04/08/202			1,995.00	0.00	0.00	1,995.00
		SUPPLIES		Peek IF SCRW non-vented							✓
✓	Invoice# 927007403	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
			03/01/202	04/08/202	04/08/202			235.00	0.00	0.00	235.00
		SUPPLIES		Fast thread							✓
		SUPPLIES		Aspirating ablator 90°							✓
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		A2271	ARTHREX, INC					2,525.00	0.00	0.00	2,525.00
Vendor#	Vendor Name	Class	Pay Code								
B1150	BAXTER HEALTHCARE	W									
✓	Invoice# 85304643	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
			03/10/202	04/01/202	04/01/202			3,071.40	0.00	0.00	3,071.40
✓	Invoice# 85227072	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
			03/10/202	04/08/202	04/08/202			54.48	0.00	0.00	54.48
		SUPPLIES		leasing for infusion pumps & software license							✓
✓	Invoice# 85304796	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
			03/10/202	04/08/202	04/08/202			631.20	0.00	0.00	631.20
		SUPPLIES		Secondary med set							✓
		SUPPLIES		Spectrum IQ Services Contract							✓
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		B1150	BAXTER HEALTHCARE					3,757.08	0.00	0.00	3,757.08
Vendor#	Vendor Name	Class	Pay Code								
B1220	BECKMAN COULTER INC	M									
✓	Invoice# 5513460	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
			03/01/202	04/08/202	04/04/202			1,935.15	0.00	0.00	1,935.15
		LAB LEASE									✓
✓	Invoice# 112551071	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
			03/10/202	03/27/202	04/21/202			80.64	0.00	0.00	80.64
		SUPPLIES		Access total T4 coils							✓

✓4612091		04/08/202	04/08/202	04/20/202			1,484.00	0.00	0.00	1,484.00 ✓	
	SUPPLIES <i>access 2 immunossay analyzer</i>										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
	B1220		BECKMAN COULTER INC				3,499.79	0.00	0.00	3,499.79	
Vendor#	Vendor Name		Class	Pay Code							
11072	BIO-RAD LABORATORIES, INC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	909034603		04/07/202	03/04/202	04/20/202			381.38	0.00	0.00	381.38 ✓
	<i>ethanoni / Ammonia x2</i>										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
	11072		BIO-RAD LABORATORIES, INC				381.38	0.00	0.00	381.38	
Vendor#	Vendor Name		Class	Pay Code							
B1655	BOSTON SCIENTIFIC CORPORATION		M								
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	712304172		03/10/202	04/08/202	04/08/202			352.06	0.00	0.00	352.06 ✓
	SUPPLIES										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
	B1655		BOSTON SCIENTIFIC CORPORATION				352.06	0.00	0.00	352.06	
Vendor#	Vendor Name		Class	Pay Code							
11224	CABLES AND SENSORS										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	INV193363		04/08/202	03/25/202	04/08/202			260.00	0.00	0.00	260.00 ✓
	ADAPTER CABLE <i>x2</i>										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
	11224		CABLES AND SENSORS				260.00	0.00	0.00	260.00	
Vendor#	Vendor Name		Class	Pay Code							
14120	CALHOUN COUNTY EMS										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	202603		03/01/202	04/02/202	04/20/202			6,160.00	0.00	0.00	6,160.00 ✓
	EMS TRANSFERS										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
	14120		CALHOUN COUNTY EMS				6,160.00	0.00	0.00	6,160.00	
Vendor#	Vendor Name		Class	Pay Code							
11295	CALHOUN COUNTY INDIGENT ACCOUN										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	040826		04/08/202	04/08/202	04/09/202			30.00	0.00	0.00	30.00 ✓
	INDIGENT COPAYS <i>from operating acct. to indigent acct.</i>										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
	11295		CALHOUN COUNTY INDIGENT ACCOUN				30.00	0.00	0.00	30.00	
Vendor#	Vendor Name		Class	Pay Code							
10541	CARESFIELD										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	200032885		03/31/202	03/27/202	03/27/202			419.10	0.00	0.00	419.10 ✓
	SUPPLIES <i>hematology supplies</i>										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
	10541		CARESFIELD				419.10	0.00	0.00	419.10	
Vendor#	Vendor Name		Class	Pay Code							
C1600	CITIZENS MEDICAL CENTER		W								
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	202643		03/01/202	04/07/202	04/07/202			68,100.99	0.00	0.00	68,100.99 ✓
	MARCH CRNA COVERAGE										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
	C1600		CITIZENS MEDICAL CENTER				68,100.99	0.00	0.00	68,100.99	
Vendor#	Vendor Name		Class	Pay Code							
15188	CLARITY ENROLLMENT SOLUTIONS										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

✓ 2899		04/06/202 04/01/202 04/20/202					316.50	0.00	0.00	316.50 ✓	
	EMPLOYEE BENEFITS										
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		15188	CLARITY ENROLLMENT SOLUTIONS				316.50	0.00	0.00	316.50	
Vendor#	Vendor Name		Class				Pay Code				
10212	CLINICAL PATHOLOGY LABS										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	17656022826		03/01/202	02/28/202	04/20/202			19,334.78	0.00	0.00	19,334.78 ✓
	FEB INVOICE										
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		10212	CLINICAL PATHOLOGY LABS				19,334.78	0.00	0.00	19,334.78	
Vendor#	Vendor Name		Class				Pay Code				
13336	COCA COLA SOUTHWEST BEVERAGES										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	51746650020		04/07/202	04/07/202	04/20/202			483.73	0.00	0.00	483.73 ✓
	DIETARY SUPPLIES <i>1 drinks</i>										
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		13336	COCA COLA SOUTHWEST BEVERAGES				483.73	0.00	0.00	483.73	
Vendor#	Vendor Name		Class				Pay Code				
11368	CYRACOM LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	0849800326		03/01/202	03/31/202	04/20/202			575.12	0.00	0.00	575.12 ✓
	INTERPRETATION SERVICES										
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		11368	CYRACOM LLC				575.12	0.00	0.00	575.12	
Vendor#	Vendor Name		Class				Pay Code				
10368	DEWITT POTTH & SON										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	8308020		03/31/202	03/25/202	04/19/202			667.58	0.00	0.00	667.58 ✓
	SUPPLIES <i>office supplies</i>										
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		10368	DEWITT POTTH & SON				667.58	0.00	0.00	667.58	
Vendor#	Vendor Name		Class				Pay Code				
11011	DIAMOND HEALTHCARE CORP										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	IN20056890		03/01/202	04/01/202	04/20/202			19,166.67	0.00	0.00	19,166.67 ✓
	MARCH CPR PROGRAM										
✓	IN20056889		03/01/202	04/01/202	04/20/202			32,287.58	0.00	0.00	32,287.58 ✓
	MARCH BEV HEALTH VAN EXPEN										
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		11011	DIAMOND HEALTHCARE CORP				51,454.25	0.00	0.00	51,454.25	
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
✓	MMC033126		03/01/202	03/31/202	04/20/202			82,994.57	0.00	0.00	82,994.57 ✓
	PRO FEES MARCH 16-31										
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		10789	DISCOVERY MEDICAL NETWORK INC				82,994.57	0.00	0.00	82,994.57	
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
✓	111145		04/07/202	04/01/202	04/20/202			825.00	0.00	0.00	825.00 ✓
	ICE WATER DISPENSER LEASE										
	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				

S0501 EVOQUA WATER TECHNOLOGIES LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 907495166		04/01/202	03/26/202	04/20/202			262.50	0.00	0.00	262.50 ✓
WATER										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
S0501 EVOQUA WATER TECHNOLOGIES LLC							262.50	0.00	0.00	262.50

Vendor# Vendor Name Class Pay Code

10689 FASTHEALTH CORPORATION

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 04A26MMCA		04/09/202	04/01/202	04/16/202			545.00	0.00	0.00	545.00 ✓
<i>website monthly invoice</i>										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
10689 FASTHEALTH CORPORATION							545.00	0.00	0.00	545.00

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
✓ 6739345		03/18/202	02/13/202	03/10/202			426.77	0.00	0.00	426.77 ✓
✓ 7601122	<del>SUPPLIES</del>	04/08/202	04/08/202	04/08/202			6.04	0.00	0.00	6.04 ✓
<i>Iscreen aduteratn stmp</i>										
<i>Thayer Martin AGR modfd.</i>										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
F1400 FISHER HEALTHCARE							432.81	0.00	0.00	432.81

Vendor# Vendor Name Class Pay Code

10599 FORVIS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 2856190		04/07/202	03/27/202	04/21/202			24,150.00	0.00	0.00	24,150.00 ✓
AUDIT FEES										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
10599 FORVIS							24,150.00	0.00	0.00	24,150.00

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
✓ INV972943		03/01/202	03/28/202	04/22/202			2,600.00	0.00	0.00	2,600.00 ✓
<i>Sarah Wilmore 3/20, 3/21, 3/22, 3/24, 3/25, 3/26 PTA Travel</i>										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11078 FUSION MEDICAL STAFFING, LLC							2,600.00	0.00	0.00	2,600.00

Vendor# Vendor Name Class Pay Code

12404 GE PRECISION HEALTHCARE, LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 6003157724		04/07/202	02/28/202	04/20/202			758.00	0.00	0.00	758.00 ✓
ULTRASOUND MAINTENANCE										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
12404 GE PRECISION HEALTHCARE, LLC							758.00	0.00	0.00	758.00

Vendor# Vendor Name Class Pay Code

12948 GREAT AMERICA FINANCIAL SVCS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 41605339		04/01/202	03/30/202	04/20/202			10,780.31	0.00	0.00	10,780.31 ✓
PRINTER LEASE										
✓ 41605337		04/07/202	03/30/202	04/20/202			40.53	0.00	0.00	40.53 ✓
IT PRINTER LEASE										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
12948 GREAT AMERICA FINANCIAL SVCS							10,820.84	0.00	0.00	10,820.84

Vendor# Vendor Name Class Pay Code

10334 HEALTH CARE LOGISTICS INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 310359709		04/08/202	03/24/202	04/18/202			102.00	0.00	0.00	102.00 ✓
<i>Oral Tamper Evidence Cap</i>										

SUPPLIES

Vendor#	Vendor Name	Class	Pay Code		Gross	Discount	No-Pay	Net			
Vendor Totals: Number Name					Gross	Discount	No-Pay	Net			
	10334	HEALTH CARE LOGISTICS INC			102.00	0.00	0.00	102.00			
12380	HEALTH SOLUTIONS DIETETICS										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	030126A		03/01/202	03/01/202	04/20/202			3,400.00	0.00	0.00	3,400.00
		DIETICIAN REPORT	<i>3/6, 3/13, 3/20, 3/27</i>								
Vendor Totals: Number Name					Gross	Discount	No-Pay	Net			
	12380	HEALTH SOLUTIONS DIETETICS			3,400.00	0.00	0.00	3,400.00			
H0416	HOLOGIC INC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	11695818		03/31/202	03/27/202	03/31/202			460.75	0.00	0.00	460.75
		SUPPLIES	<i>Sertera Spring Loaded Core Dence</i>								
Vendor Totals: Number Name					Gross	Discount	No-Pay	Net			
	H0416	HOLOGIC INC			460.75	0.00	0.00	460.75			
10922	HUNTER PHARMACY SERVICES										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	6896		03/01/202	03/31/202	04/20/202			15,360.76	0.00	0.00	15,360.76
		PHARMACIST SERVICES									
Vendor Totals: Number Name					Gross	Discount	No-Pay	Net			
	10922	HUNTER PHARMACY SERVICES			15,360.76	0.00	0.00	15,360.76			
14976	INOVALON PROVIDER INC.										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	26M0039289		04/06/202	04/06/202	04/20/202			808.48	0.00	0.00	808.48
		SCHUDULER/ OSM MODULE									
Vendor Totals: Number Name					Gross	Discount	No-Pay	Net			
	14976	INOVALON PROVIDER INC.			808.48	0.00	0.00	808.48			
11285	ITA RESOURCES INC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	MMC042026		04/08/202	04/08/202	04/08/202			42,674.32	0.00	0.00	42,674.32
		APRIL INVOICE									
Vendor Totals: Number Name					Gross	Discount	No-Pay	Net			
	11285	ITA RESOURCES INC			42,674.32	0.00	0.00	42,674.32			
18368	KAMRYN KALISEK										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	033026		04/01/202	03/30/202	03/20/202			72.59	0.00	0.00	72.59
		MILEAGE									
Vendor Totals: Number Name					Gross	Discount	No-Pay	Net			
	18368	KAMRYN KALISEK			72.59	0.00	0.00	72.59			
L0700	LABCORP OF AMERICA HOLDINGS	M									
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	86583652		04/07/202	03/28/202	04/22/202			81.00	0.00	0.00	81.00
		LAB SAMPLES									
Vendor Totals: Number Name					Gross	Discount	No-Pay	Net			
	L0700	LABCORP OF AMERICA HOLDINGS			81.00	0.00	0.00	81.00			
10371	LOFTIN EQUIPMENT COMPANY										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	SFI0008268201		03/31/202	04/08/202	04/08/202			3,870.00	0.00	0.00	3,870.00

SUPPLIES

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					
L1640	LOWE'S BUSINESS ACCT/SYNCB			W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 040226		04/08/202	04/02/202	04/02/202			582.11	0.00	0.00	582.11
			PLANT OPS SUPPLIES	/crystal water solutions ✓						
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		L1640	LOWE'S BUSINESS ACCT/SYNCB				582.11	0.00	0.00	582.11
Vendor#	Vendor Name			Class	Pay Code					
10972	M G TRUST									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 040626		04/07/202	04/06/202	04/20/202			895.00	0.00	0.00	895.00
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		10972	M G TRUST				895.00	0.00	0.00	895.00
Vendor#	Vendor Name			Class	Pay Code					
M1950	MARTIN PRINTING CO			W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 81048		04/08/202	04/01/202	04/01/202			1,100.00	0.00	0.00	1,100.00
			CLINIC PHYS APPOINTMENT CARDS	✓						
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		M1950	MARTIN PRINTING CO				1,100.00	0.00	0.00	1,100.00
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
✓ 25170266		03/17/202	03/09/202	03/24/202			184.54	0.00	0.00	184.54
			SUPPLIES	Stapler ✓						
✓ 25259803		04/01/202	03/25/202	04/09/202			274.74	0.00	0.00	274.74
			SUPPLIES	tube x2, fuel surcharge ✓						
✓ 25270061		04/08/202	04/08/202	04/15/202			34.68	0.00	0.00	34.68
			SUPPLIES	Occult Blood CTL ✓						
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		M2178	MCKESSON MEDICAL SURGICAL INC				493.96	0.00	0.00	493.96
Vendor#	Vendor Name			Class	Pay Code					
11141	MEDICAL DATA SYSTEMS, INC.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 212762		04/08/202	03/31/202	03/31/202			883.27	0.00	0.00	883.27
			COLLECTION FEES	✓						
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		11141	MEDICAL DATA SYSTEMS, INC.				883.27	0.00	0.00	883.27
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
✓ 201300951		03/01/202	04/06/202	04/06/202			2,760.00	0.00	0.00	2,760.00
			LAB TRAVEL TECH	Joshua Zettlemoyer 3/20, 3/23, 3/24, 3/25, 3/26 ✓						
✓ 201303482		03/01/202	04/06/202	04/07/202			2,725.50	0.00	0.00	2,725.50
			LAB TRAVEL TECH	Joshua Zettlemoyer 3/13, 3/16, 3/17, 3/18, 3/19 ✓						
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		18092	MEDICAL SOLUTIONS LLC				5,485.50	0.00	0.00	5,485.50
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
✓ 2413865845		03/18/202	02/25/202	03/18/202			591.09	0.00	0.00	591.09
			SUPPLIES	Catheter, paper, gloves ✓						



✓ 4646637			04/09/202	04/07/202	04/17/202		110.85	0.00	0.00	110.85 ✓	
	SUPPLIES										
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		10536	MORRIS & DICKSON CO, LLC				2,847.73	0.00	0.00	2,847.73	
Vendor#	Vendor Name			Class	Pay Code						
M2659	MXR IMAGING, INC			M							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	8801332831		03/31/202	03/23/202	04/22/202			199.34	0.00	0.00	199.34 ✓
	SUPPLIES										
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		M2659	MXR IMAGING, INC				199.34	0.00	0.00	199.34	
Vendor#	Vendor Name			Class	Pay Code						
13548	NACOGDOCHES TRANSCRIPTION										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	9007		04/08/202	04/01/202	04/11/202			68.88	0.00	0.00	68.88 ✓
	TRANSCRIPTION SERVICE										
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		13548	NACOGDOCHES TRANSCRIPTION				68.88	0.00	0.00	68.88	
Vendor#	Vendor Name			Class	Pay Code						
O1500	OLYMPUS AMERICA INC			M							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	39604408		04/08/202	04/08/202	04/08/202			292.56	0.00	0.00	292.56 ✓
	SUPPLIES										
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		O1500	OLYMPUS AMERICA INC				292.56	0.00	0.00	292.56	
Vendor#	Vendor Name			Class	Pay Code						
11932	PRESS GANEY ASSOCIATES, INC.										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	IN000753358		03/01/202	03/31/202	04/20/202			2,952.46	0.00	0.00	2,952.46 ✓
	MARCH INVOICE										
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		11932	PRESS GANEY ASSOCIATES, INC.				2,952.46	0.00	0.00	2,952.46	
Vendor#	Vendor Name			Class	Pay Code						
O1416	QUIDELORTHO SALES COMPANY LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	9100354669		04/01/202	03/23/202	04/22/202			831.48	0.00	0.00	831.48 ✓
	SUPPLIES										
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		O1416	QUIDELORTHO SALES COMPANY LLC				831.48	0.00	0.00	831.48	
Vendor#	Vendor Name			Class	Pay Code						
10699	SIGN AD, LTD.										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	324730		04/07/202	04/01/202	04/20/202			950.00	0.00	0.00	950.00 ✓
	MMC BILLBOARD										
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		10699	SIGN AD, LTD.				950.00	0.00	0.00	950.00	
Vendor#	Vendor Name			Class	Pay Code						
17852	SINGLETON ASSOCIATES PA										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	246033126001		03/01/202	04/01/202	04/20/202			9,688.78	0.00	0.00	9,688.78 ✓
	RAD ONSIGHT SERVICES										
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		17852	SINGLETON ASSOCIATES PA				9,688.78	0.00	0.00	9,688.78	
Vendor#	Vendor Name			Class	Pay Code						
S2362	SMITH & NEPHEW, INC.										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

✓	985137530		04/08/202	04/08/202	04/08/202		1,460.80	0.00	0.00	1,460.80	✓	
		SUPPLIES										
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
		S2362	SMITH & NEPHEW, INC.				1,460.80	0.00	0.00	1,460.80		
Vendor#	Vendor Name		Class				Pay Code					
11296	SOUTH TEXAS BLOOD & TISSUE CEN											
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	CM17274		03/01/202	03/31/202	04/20/202			-5,682.24	0.00	0.00	-5,682.24	✓
		BLOOD BANK										
✓	107059424		03/01/202	03/31/202	04/20/202			7,141.00	0.00	0.00	7,141.00	✓
		<i>Blood Bank</i>										
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
		11296	SOUTH TEXAS BLOOD & TISSUE CEN				1,458.76	0.00	0.00	1,458.76		
Vendor#	Vendor Name		Class				Pay Code					
12288	SPBS CLINICAL EQUIPMENT SRVC											
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	INV050000426		04/07/202	04/01/202	04/20/202			10,230.40	0.00	0.00	10,230.40	✓
		BIOMED APRIL SERVICES										
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
		12288	SPBS CLINICAL EQUIPMENT SRVC				10,230.40	0.00	0.00	10,230.40		
Vendor#	Vendor Name		Class				Pay Code					
10094	ST DAVIDS HEALTHCARE											
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	MMCPL202602		03/01/202	04/07/202	04/07/202			375.00	0.00	0.00	375.00	✓
		FEB CONNECTIVITY FEE										
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
		10094	ST DAVIDS HEALTHCARE				375.00	0.00	0.00	375.00		
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	
✓	15192846		04/09/202	12/29/202	01/23/202			146.59	0.00	0.00	146.59	✓
		SUPPLIES <i>valve</i>										
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
		S3940	STERIS CORPORATION				146.59	0.00	0.00	146.59		
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	
✓	9211819227		03/10/202	04/08/202	04/08/202			2,613.13	0.00	0.00	2,613.13	✓
		SUPPLIES <i>electrosurgical patient plates &amp; venom cannula</i>										
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
		10735	STRYKER SALES, LLC				2,613.13	0.00	0.00	2,613.13		
Vendor#	Vendor Name		Class				Pay Code					
14524	SYSMEX AMERICA, INC.											
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	96409167		03/31/202	03/31/202	04/23/202			527.44	0.00	0.00	527.44	✓
		SUPPLIES <i>Beyond care / remote</i>										
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
		14524	SYSMEX AMERICA, INC.				527.44	0.00	0.00	527.44		
Vendor#	Vendor Name		Class				Pay Code					
T2539	T-SYSTEM, INC		W									
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	2032290		03/01/202	03/31/202	04/20/202			6,276.42	0.00	0.00	6,276.42	✓
		PHY/NURSE TRACKING SOFTWA										
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net		
		T2539	T-SYSTEM, INC				6,276.42	0.00	0.00	6,276.42		
Vendor#	Vendor Name		Class				Pay Code					

15012	TASHA NORMAN, FNP										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	040626		04/07/202	04/06/202	04/20/202			129.00	0.00	0.00	129.00
	APRN RENEWAL APPLICATION F / Tasha Norman ✓										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		15012	TASHA NORMAN, FNP					129.00	0.00	0.00	129.00
Vendor#	Vendor Name			Class		Pay Code					
15856	TEXAS A&M HEALTH SCIENCE CENTE										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	H187137		04/07/202	04/01/202	04/20/202			2,625.00	0.00	0.00	2,625.00
	PHYSICIAN PEER REVIEW SERVI ✓										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		15856	TEXAS A&M HEALTH SCIENCE CENTE					2,625.00	0.00	0.00	2,625.00
Vendor#	Vendor Name			Class		Pay Code					
B1941	THE BACK OFFICE										
				W							
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	0248328		03/01/202	04/01/202	04/20/202			1,673.75	0.00	0.00	1,673.75
	MARCH SHRED SERVICE INVOIC ✓										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		B1941	THE BACK OFFICE					1,673.75	0.00	0.00	1,673.75
Vendor#	Vendor Name			Class		Pay Code					
15396	THIRD COAST DISTRIBUTING LLC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	033026	repet wiper blade	03/01/202	03/30/202	04/20/202			30.98	0.00	0.00	30.98
	Vendor Totals: Number Name Gross Discount No-Pay Net										
		15396	THIRD COAST DISTRIBUTING LLC					30.98	0.00	0.00	30.98
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
✓	2921083487		03/01/202	03/19/202	04/20/202			650.34	0.00	0.00	650.34
	DIETARY UNIFORMS/ LINENS ✓										
✓	2921083482		03/01/202	03/19/202	04/20/202			168.95	0.00	0.00	168.95
	LINENS/SUPPLIES FOR DIETARY ✓										
✓	2921084046		03/01/202	03/26/202	04/20/202			465.75	0.00	0.00	465.75
	DIETARY UNIFORMS ✓										
✓	2921083734		03/24/202	03/23/202	04/17/202			229.42	0.00	0.00	229.42
	UNIFORMS ✓										
✓	2921084062		03/31/202	03/26/202	04/20/202			177.37	0.00	0.00	177.37
	SUPPLIES/LINENS ✓										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		U1064	UNIFIRST HOLDINGS INC					1,691.83	0.00	0.00	1,691.83
Vendor#	Vendor Name			Class		Pay Code					
11280	VICTORIA ADVOCATE										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	0359694		04/09/202	03/01/202	03/30/202			32.50	0.00	0.00	32.50
	NEWSPAPER ✓										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11280	VICTORIA ADVOCATE					32.50	0.00	0.00	32.50
Vendor#	Vendor Name			Class		Pay Code					
12548	WAGeworks, INC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	0326TR116685		03/01/202	03/01/202	04/20/202			131.25	0.00	0.00	131.25
	HSA/FSA MARCH INVOICE ✓										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		12548	WAGeworks, INC					131.25	0.00	0.00	131.25

Report Summary

Grand Totals:

Gross  
426,417.05

Discount  
0.00

No-Pay  
0.00

Net  
426,417.05

APPROVED ON

APR 09 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CHK# 212061-212729

# RECEIVED

APR 09 2026

RUN DATE: 04/09/26  
TIME: 09:58

MEMORIAL MEDICAL CENTER  
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1  
APCDEDIT

Calhoun County Auditor

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
✓ 1658983	01 ✓ COTIVITI 10701 S RIVER FRONT PKWY PO BOX 12012 PO BOX 12012 PO BOX 12012 SOUTH JORDAN	040926	2100.00 ✓	2		██████████ ✓	
ARID=0001 TOTAL			2100.00				
TOTAL			2100.00 ✓				

APPROVED ON

APR 09 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CHK# 212133

RUN DATE:04/14/26  
TIME:11:27

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
04/15/26 THRU 04/15/26

PAGE 1  
GLCKREG

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

A/P	212661	04/15/26	645.05	ACE HARDWARE 15521
A/P	212662	04/15/26	1,400.00	ACUTE CARE INC
A/P	212663	04/15/26	376.03	AMAZON CAPITAL SERVICES
A/P	212664	04/15/26	2,525.00	ARTHREX, INC
A/P	212665	04/15/26	3,757.08	BAXTER HEALTHCARE
A/P	212666	04/15/26	3,499.79	BECKMAN COULTER INC
A/P	212667	04/15/26	381.38	BIO-RAD LABORATORIES, INC
A/P	212668	04/15/26	352.06	BOSTON SCIENTIFIC CORPORATION
A/P	212669	04/15/26	260.00	CABLES AND SENSORS
A/P	212670	04/15/26	6,160.00	CALHOUN COUNTY EMS
A/P	212671	04/15/26	30.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	212672	04/15/26	419.10	CARESFIELD
A/P	212673	04/15/26	68,100.99	CITIZENS MEDICAL CENTER
A/P	212674	04/15/26	316.50	CLARITY ENROLLMENT SOLUTIONS
A/P	212675	04/15/26	19,334.78	CLINICAL PATHOLOGY LABS
A/P	212676	04/15/26	483.73	COCA COLA SOUTHWEST BEVERAGES
A/P	212677	04/15/26	575.12	CYRACOM LLC
A/P	212678	04/15/26	667.58	DEWITT POTH & SON
A/P	212679	04/15/26	51,454.25	DIAMOND HEALTHCARE CORP
A/P	212680	04/15/26	82,994.57	DISCOVERY MEDICAL NETWORK INC
A/P	212681	04/15/26	825.00	EL CAMPO REFRIGERATION
A/P	212682	04/15/26	262.50	EVOQUA WATER TECHNOLOGIES LLC
A/P	212683	04/15/26	545.00	FASTHEALTH CORPORATION
A/P	212684	04/15/26	432.81	FISHER HEALTHCARE
A/P	212685	04/15/26	24,150.00	FORVIS
A/P	212686	04/15/26	2,600.00	FUSION MEDICAL STAFFING, LLC
A/P	212687	04/15/26	758.00	GE PRECISION HEALTHCARE, LLC
A/P	212688	04/15/26	10,820.84	GREAT AMERICA FINANCIAL SVCS
A/P	212689	04/15/26	102.00	HEALTH CARE LOGISTICS INC
A/P	212690	04/15/26	3,400.00	HEALTH SOLUTIONS DIETETICS
A/P	212691	04/15/26	460.75	HOLOGIC INC
A/P	212692	04/15/26	15,360.76	HUNTER PHARMACY SERVICES
A/P	212693	04/15/26	808.48	INOVALON PROVIDER INC.
A/P	212694	04/15/26	42,674.32	ITA RESOURCES INC
A/P	212695	04/15/26	72.59	KAMRYN KALISEK
A/P	212696	04/15/26	81.00	LABCORP OF AMERICA HOLDINGS
A/P	212697	04/15/26	3,870.00	LOFTIN EQUIPMENT COMPANY
A/P	212698	04/15/26	582.11	LOWE'S BUSINESS ACCT/SYNCB
A/P	212699	04/15/26	895.00	M G TRUST
A/P	212700	04/15/26	1,100.00	MARTIN PRINTING CO
A/P	212701	04/15/26	493.96	MCKESSON MEDICAL SURGICAL INC
A/P	212702	04/15/26	883.27	MEDICAL DATA SYSTEMS, INC.
A/P	212703	04/15/26	5,485.50	MEDICAL SOLUTIONS LLC
A/P	212704	04/15/26	18,372.02	MEDLINE INDUSTRIES INC
A/P	212705	04/15/26	414.05	MMC AUXILIARY GIFT SHOP
A/P	212706	04/15/26	.00	VOIDED
A/P	212707	04/15/26	2,847.73	MORRIS & DICKSON CO, LLC
A/P	212708	04/15/26	199.34	MXR IMAGING, INC
A/P	212709	04/15/26	68.88	NACOGDOCHES TRANSCRIPTION
A/P	212710	04/15/26	292.56	OLYMPUS AMERICA INC

RUN DATE:04/14/26  
TIME:11:27

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
04/15/26 THRU 04/15/26

PAGE 2  
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	212711	04/15/26	2,952.46	PRESS GANEY ASSOCIATES, INC.
A/P	212712	04/15/26	831.48	QUIDELORTHO SALES COMPANY LLC
A/P	212713	04/15/26	950.00	SIGN AD, LTD.
A/P	212714	04/15/26	9,688.78	SINGLETON ASSOCIATES PA
A/P	212715	04/15/26	1,460.80	SMITH & NEPHEW, INC.
A/P	212716	04/15/26	1,458.76	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	212717	04/15/26	10,230.40	SPBS CLINICAL EQUIPMENT SRVC
A/P	212718	04/15/26	375.00	ST DAVIDS HEALTHCARE
A/P	212719	04/15/26	146.59	STERIS CORPORATION
A/P	212720	04/15/26	2,613.13	STRYKER SALES, LLC
A/P	212721	04/15/26	527.44	SYSTEMEX AMERICA, INC.
A/P	212722	04/15/26	6,276.42	T-SYSTEM, INC
A/P	212723	04/15/26	129.00	TASHA NORMAN, FNP
A/P	212724	04/15/26	2,625.00	TEXAS A&M HEALTH SCIENCE CENTE
A/P	212725	04/15/26	1,673.75	THE BACK OFFICE
A/P	212726	04/15/26	30.98	THIRD COAST DISTRIBUTING LLC
A/P	212727	04/15/26	1,691.83	UNIFIRST HOLDINGS INC
A/P	212728	04/15/26	32.50	VICTORIA ADVOCATE
A/P	212729	04/15/26	131.25	WAGeworks, INC
A/P	212730	04/15/26	19,316.69	GOLDENCREEK HEALTHCARE
A/P	212731	04/15/26	345.77	LAVACA BAY NURSING AND REHAB
A/P	212732	04/15/26	53,505.19	TUSCANY VILLAGE
A/P	212733	04/15/26	2,100.00	COTIVITI

TOTALS: 501,684.70 ✓

426,417.05 + — payables  
2,100.00 + — refund  
345.77 + — Lavaca Bay  
19,316.69 + — golden creek  
53,505.19 + — tuscany  
501,684.70 ●

# MCKESSON

# STATEMENT

As of: 04/10/2026

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: 04/10/2026

As of: 04/10/2026 Page: 002  
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 632536 PLEASE CHECK ANY  
Date: 04/10/2026 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: 12,465.19 USD

Future Due: 0.00

If Paid By 04/14/2026,

Due If Paid On Time:

USD 12,215.87

Past Due: 0.00

Pay This Amount:

12,215.87 USD

Disc lost if paid late:

249.32

Last Payment 2,451.97  
08/07/2017

If Paid After 04/14/2026,  
Pay this Amount:

12,465.19 USD

Due If Paid Late:

USD 12,465.19

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APR 13 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

114.16 +  
10.12 +  
11,863.27 +  
228.32 +  
12,215.87 \*

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

# MCKESSON

# STATEMENT

As of: 04/10/2026

Page: 001

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

Company: 8000

CVS PHCY 7475/MEM MC PHS  
MEMORIAL MEDICAL CENTER  
VICKY KALISEK  
815 N VIRGINIA ST  
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

DC: 8115  
Customer INV SupplD:  
Territory: 7001

Customer: 835438  
Date: 04/10/2026

As of: 04/10/2026 Page: 001  
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 835438 PLEASE CHECK ANY  
Date: 04/10/2026 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
04/08/2026	04/14/2026	7628292752	CVS PHCY 7475/MEM MC PHS	4927841	115Invoice	2.33	116.49		114.16		7628292752

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

TOTAL: Customer Number 835438 CVS PHCY 7475/MEM MC PHS

Subtotals: 116.49 USD

Future Due: 0.00

If Paid By 04/14/2026,  
Pay This Amount:

114.16 USD

Due If Paid On Time:

USD 114.16

Past Due: 0.00

Disc lost if paid late:

2.33

Last Payment 20,252.56  
12/15/2025

If Paid After 04/14/2026,  
Pay this Amount:

116.49 USD

Due If Paid Late:

USD 116.49

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APR 13 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

# MCKESSON

# STATEMENT

As of: 04/10/2026

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: 04/10/2026

As of: 04/10/2026 Page: 001  
 Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
 Statement for information only

Cust: 820405 PLEASE CHECK ANY  
 Date: 04/10/2026 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	
04/09/2026	04/14/2026	✓7628374104	B2604-055-324028	115Invoice	0.21	10.33		10.12	✓	7628374104	

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: 10.33 USD

Future Due: 0.00

If Paid By 04/14/2026,

Due If Paid On Time:

USD 10.12 ✓

Past Due: 0.00

Pay This Amount:

10.12 USD

Disc lost if paid late:

0.21

Last Payment 18,893.08  
 04/06/2026

If Paid After 04/14/2026,  
 Pay this Amount:

10.33 USD

Due If Paid Late:

USD 10.33

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APR 13 2026

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

# MCKESSON

# STATEMENT

As of: 04/10/2026

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: 04/10/2026 Page: 001  
Mail to: Comp: 8000

Customer: 256342  
Date: 04/10/2026

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 256342 PLEASE CHECK ANY  
Date: 04/10/2026 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											
04/06/2026	04/14/2026	✓7627864728	270957613	115Invoice	5.22	260.77		255.55	✓	7627864728	
04/06/2026	04/14/2026	✓7627864729	276504276	115Invoice	2.31	115.68		113.37	✓	7627864729	
04/06/2026	04/14/2026	✓7627864730	268093661	115Invoice	9.02	450.86		441.84	✓	7627864730	
04/06/2026	04/14/2026	✓7627864731	276355365	115Invoice	0.02	0.95		0.93	✓	7627864731	
04/06/2026	04/14/2026	✓7627864732	271457839	115Invoice	0.02	0.95		0.93	✓	7627864732	
04/06/2026	04/14/2026	✓7627864733	276438892	115Invoice	0.79	39.40		38.61	✓	7627864733	
04/06/2026	04/14/2026	✓7627864734	276471103	115Invoice	5.49	274.58		269.09	✓	7627864734	
04/06/2026	04/14/2026	✓7627864735	275419481	115Invoice	0.01	0.30		0.29	✓	7627864735	
04/06/2026	04/14/2026	✓7627864736	266153956	115Invoice	0.01	0.63		0.62	✓	7627864736	
04/06/2026	04/14/2026	✓7627864737	272687368	115Invoice	6.72	335.83		329.11	✓	7627864737	
04/06/2026	04/14/2026	✓7627864738	274608450	115Invoice	13.43	671.65		658.22	✓	7627864738	
04/06/2026	04/14/2026	✓7627864739	274213063	115Invoice	2.13	106.74		104.61	✓	7627864739	
04/06/2026	04/14/2026	✓7627864740	276398287	115Invoice	5.11	255.41		250.30	✓	7627864740	
04/06/2026	04/14/2026	✓7627864741	272208621	115Invoice	30.85	1,542.45		1,511.60	✓	7627864741	
04/06/2026	04/14/2026	✓7627864742	272273742	115Invoice	12.34	616.98		604.64	✓	7627864742	
04/06/2026	04/14/2026	✓7627864743	272525060	115Invoice	6.17	308.49		302.32	✓	7627864743	
04/06/2026	04/14/2026	✓7627864744	276355365	115Invoice	0.01	0.32		0.31	✓	7627864744	
04/07/2026	04/14/2026	✓7628068951	274608450	115Invoice	6.72	335.83		329.11	✓	7628068951	
04/07/2026	04/14/2026	✓7628068952	271457839	115Invoice	0.02	0.95		0.93	✓	7628068952	
04/07/2026	04/14/2026	✓7628068953	272525060	115Invoice	18.51	925.47		906.96	✓	7628068953	
04/07/2026	04/14/2026	✓7628068954	276621045	115Invoice	16.47	823.74		807.27	✓	7628068954	
04/08/2026	04/14/2026	✓7628308459	276791543	115Invoice	0.01	0.32		0.31	✓	7628308459	
04/09/2026	04/14/2026	✓7628541209	274608450	115Invoice	13.43	671.65		658.22	✓	7628541209	
04/09/2026	04/14/2026	✓7628541210	274672980	115Invoice	6.72	335.83		329.11	✓	7628541210	
04/09/2026	04/14/2026	✓7628541211	277028251	115Invoice	1.48	74.12		72.64	✓	7628541211	
04/10/2026	04/14/2026	✓7628776930	277106399	115Invoice	8.27	413.54		405.27	✓	7628776930	
04/10/2026	04/14/2026	✓7628776931	269798854	115Invoice	4.40	220.16		215.76	✓	7628776931	
04/10/2026	04/14/2026	✓7628776933	277106399	115Invoice	0.91	45.53		44.62	✓	7628776933	
04/10/2026	04/14/2026	✓7628776934	274672980	115Invoice	20.15	1,007.48		987.33	✓	7628776934	
04/10/2026	04/14/2026	✓7628776935	274962180	115Invoice	6.72	335.83		329.11	✓	7628776935	
04/10/2026	04/14/2026	✓7628776936	272834459	115Invoice	13.43	671.65		658.22	✓	7628776936	

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

# MCKESSON

# STATEMENT

As of: 04/10/2026

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: 04/10/2026

As of: 04/10/2026 Page: 002  
 Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
 Statement for information only

Cust: 256342 PLEASE CHECK ANY  
 Date: 04/10/2026 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	
04/10/2026	04/14/2026	✓ 7628776938	632536 273126067	115Invoice	6.72	335.83		329.11 ✓		7628776938	
04/10/2026	04/14/2026	✓ 7628776939	272769782	115Invoice	18.51	925.47		906.96 ✓		7628776939	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 12,105.39 USD

Future Due: 0.00

If Paid By 04/14/2026,  
 Pay This Amount:

11,863.27 USD

Due If Paid On Time:  
 USD 11,863.27  
 Disc lost if paid late:  
 242.12

Past Due: 0.00

If Paid After 04/14/2026,  
 Pay this Amount:

12,105.39 USD

Due If Paid Late:  
 USD 12,105.39

Last Payment 18,893.08  
 04/06/2026

APPROVED ON

APR 13 2026

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

# MCKESSON

# STATEMENT

As of: 04/10/2026

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT  
 Statement for information only

DC: 8115  
 Customer INV SupplD:  
 Territory: 7001

Customer: 835434  
 Date: 04/10/2026

As of: 04/10/2026 Page: 001  
 Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
 Statement for information only

Cust: 835434 PLEASE CHECK ANY  
 Date: 04/10/2026 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
04/08/2026	04/14/2026	7628294527	632536	115Invoice	4.66	232.98		228.32		7628294527

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

TOTAL: Customer Number 835434 CVS PHCY 8923/MEM MC PHS  
 Subtotals: 232.98 USD

Future Due:	0.00	If Paid By 04/14/2026,	Due If Paid On Time:	
Past Due:	0.00	Pay This Amount:	USD	228.32 ✓
Last Payment	269.54	If Paid After 04/14/2026,	Disc lost if paid late:	4.66
01/26/2026		Pay this Amount:	Due If Paid Late:	232.98
			USD	

APPROVED ON

APR 13 2026

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

<b>Served By:</b> AMERISOURCEBERGEN DRUG CORP 501 PATRIOT PARKWAY ROANOKE TX 76262-6336  DEA: RA0316958 866-451-9655	<b>Customer:</b> WALGREENS CENTRAL FILL #21373 340B MEMORIAL MEDICAL CENTER 4100 DALE EARNHARDT WAY 200 NORTHLAKE TX 76262-2389	<b>Customer Number</b> 100566356 / 100566356  <b>Terms</b> Sat - Fri Due in 7 days  <b>Summary</b> Not Yet Due: 0.00 Current: 408.84 Past Due: 0.00 Total Due: 408.84 Account Balance: 408.84
<b>Remit To:</b> 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
04-06-2026	04-17-2026	✓ 3247211256	7011753477	Invoice	390.24		0.00	390.24
04-07-2026	04-17-2026	✓ 3247419482	7011767660	Invoice	6.10		0.00	6.10
04-08-2026	04-17-2026	✓ 3247559483	7011773710	Invoice	10.72		0.00	10.72
04-09-2026	04-17-2026	✓ 3247693517	7011779704	Invoice	1.78		0.00	1.78

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
408.84	0.00	0.00	0.00	0.00	0.00	0.00

Reminders	
Due Date	Amount
04-17-2026	408.84
<b>Total Due:</b>	<b>408.84</b>

**APPROVED ON**  
**APR 13 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.

<b>Served By:</b> AMERISOURCEBERGEN DRUG CORP 12727 W. AIRPORT BLVD. SUGAR LAND TX 77478-6101  DEA: RA0289276 866-451-9655	<b>Customer:</b> WALGREENS #12494 340B MEMORIAL MEDICAL CENTER 1302 N VIRGINIA ST PORT LAVACA TX 77979-2509	<b>Customer Number</b> 100135284 / 037028186  <b>Terms</b> Sat - Fri Due in 7 days  <b>Summary</b> Not Yet Due: 0.00 Current: 1,068.94 Past Due: 0.00 Total Due: 1,068.94 Account Balance: 1,068.94
<b>Remit To:</b> AMERISOURCEBERGEN PO Box 905223 CHARLOTTE NC 28290-5223		

Account Activity								
Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
04-06-2026	04-17-2026	✓ 3247229721	7011747417	Invoice	14.13		0.00	14.13
04-06-2026	04-17-2026	✓ 3247229722	7011754714	Invoice	21.77		0.00	21.77
04-06-2026	04-17-2026	✓ 3247229723	7011760513	Invoice	518.50		0.00	518.50
04-07-2026	04-17-2026	✓ 369674157	7011735666	Invoice	(92.46)		0.00	(92.46)
04-07-2026	04-17-2026	✓ 369674158	7011735666	Invoice	38.25		0.00	38.25
04-09-2026	04-17-2026	✓ 3247653806	7011773131	Invoice	540.22		0.00	540.22
04-09-2026	04-17-2026	✓ 3247653807	7011773134	Invoice	16.74		0.00	16.74
04-10-2026	04-17-2026	✓ 3247797639	7011779403	Invoice	11.79		0.00	11.79

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
1,068.94	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
04-10-2026	(542.81)

Reminders	
Due Date	Amount
04-17-2026	1,068.94
<b>Total Due:</b>	<b>1,068.94</b>

**APPROVED ON**  
**APR 13 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.

8154	76351	1	1	0	2026	91000961	0	4/6/2026	\$41,542.26	1	TRUESCRIPTS MANAGEMENT SERVICE LLC	P	517	0		PCS	F	3/9/2026	3/22/2026	464334244
8159	76351	2	86	0	2026	78000539	0	4/6/2026	\$150.16	1	SINGLETON ASSOCIATES PA	P	189	0		ERD	F	3/6/2026	3/6/2026	741680498
8160	76351	2	5	0	2026	91000074	0	4/6/2026	\$161.50	1	PHYSICIANS REFERRAL SERVICE	P	177	0		OV	F	2/24/2026	2/24/2026	760273984
8161	76351	2	86	0	2026	78000466	0	4/6/2026	\$216.48	1	ESS OF PORT LAVACA LLC	P	189	0		ERD	F	3/6/2026	3/6/2026	815248556
8162	76351	2	5	0	2026	75000852	0	4/6/2026	\$310.25	1	PHYSICIANS REFERRAL SERVICE	P	188	0		HV	F	3/10/2026	3/10/2026	760273984
8164	76351	2	86	0	2026	78000488	0	4/6/2026	\$1,580.60	1	SINGLETON ASSOCIATES PA	P	324	0		CAT	F	3/6/2026	3/6/2026	741680498
8166	76351	3	65	0	2026	82000381	0	4/6/2026	\$45.00	1	JACKSON MEDICAL CLINIC EDNA	P	177	0		OV	F	3/9/2026	3/9/2026	741738475
8168	76351	3	83	0	2026	78000484	0	4/6/2026	\$65.89	1	RICHARD H LEGGETT DO	P	728	0		TELM	F	3/5/2026	3/5/2026	742800212
8171	76351	3	43	0	2026	72001176	0	4/6/2026	\$77.50	1	HPCMS LLC	P	604	0		CASE	F	2/23/2026	2/23/2026	271837628
8172	76351	3	73	2	2026	77000657	0	4/6/2026	\$80.00	1	INTEGRITY URGENT CARE	P	487	0		URG	F	10/17/2025	10/17/2025	812117336
8174	76351	3	83	0	2026	82000501	0	4/6/2026	\$121.34	1	ALMA	P	728	0		TELM	F	3/19/2026	3/19/2026	841856765
8177	76351	3	90	3	2026	83000803	0	4/6/2026	\$271.86	1	TEXAS PEDIATRIC AND ADOLESCENT GYNECOLOG	P	177	0		OV	F	3/19/2026	3/19/2026	870900480
8179	76351	3	79	0	2026	86000920	0	4/6/2026	\$621.20	1	VICTORIA EP PLLC	P	189	0		ERD	F	8/25/2025	8/25/2025	474741110
8180	76360	3	136	1	2026	77000674	0	4/6/2026	\$29.10	1	PORT LAVACA CLINIC	P	177	0		OV	F	3/13/2026	3/13/2026	742605670
8185	76360	3	151	0	2026	78000491	0	4/6/2026	\$51.15	1	SINGLETON ASSOCIATES PA	P	181	0		XRAY	F	3/5/2026	3/5/2026	741680498
8186	76360	3	125	0	2026	84000492	0	4/6/2026	\$55.89	1	NOE R. OLVERA, MD, PA	P	457	0		OVS	F	3/23/2026	3/23/2026	262712038
8188	76360	3	68	0	2026	84000563	0	4/6/2026	\$65.89	1	PORT LAVACA CLINIC	P	360	0		POV	F	3/20/2026	3/20/2026	742605670
8191	76360	3	138	2	2026	83000793	0	4/6/2026	\$87.00	1	COUNSELING4LIFE LLC	P	360	0		POV	F	3/19/2026	3/19/2026	455131564
8193	76360	3	120	3	2026	78000138	0	4/6/2026	\$89.46	1	LOUISIANA ORTHOPAEDIC SPECIALISTS	P	457	0		OVS	F	3/10/2026	3/10/2026	263025784
8200	76360	3	134	2	2026	84000487	0	4/6/2026	\$125.35	1	STEPHEN M. DENTLER, DO, PA	P	172	0		AB	F	2/2/2026	2/2/2026	747872709
8201	76360	3	59	1	2026	77000691	0	4/6/2026	\$127.79	1	FAMILY CARE CENTER	P	360	0		POV	F	3/9/2026	3/9/2026	810970561
8205	76360	3	49	2	2026	77000442	0	4/6/2026	\$170.11	1	DETAIR HEALTHCARE SYSTEM	P	406	0		ER	F	3/11/2026	3/11/2026	621754940
8206	76360	3	104	0	2026	83000838	0	4/6/2026	\$241.29	1	SINGLETON ASSOCIATES PA	P	172	0		AB	F	3/11/2026	3/11/2026	741680498
8215	76360	3	48	0	2026	78000137	0	4/6/2026	\$508.87	1	EXACT SCIENCES LABORATORIES, LLC	P	704	0		AB7	F	3/6/2026	3/6/2026	463095174
8219	76370	3	36	0	2026	84000390	0	4/6/2026	\$8,117.54	1	DETAIR HEALTHCARE SYSTEM	P	702	0		AB5	F	3/18/2026	3/18/2026	621754940
8220	76370	3	24	0	2026	85000358	0	4/6/2026	\$11.71	1	CLINICAL PATHOLOGY LABS INC	P	172	0		AB	F	3/13/2026	3/13/2026	742554159
8221	76370	3	24	0	2026	78000514	0	4/6/2026	\$140.92	1	AMERICAN REGIONAL HEALTH CENTER	P	172	0		AB	F	3/13/2026	3/13/2026	742640162

\$65,064.11

COJ  
4/6/26

APPROVED ON

APR 13 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS



## Brooklynn Harvey

---

**From:** cclevenger@mmcportlavaca.com (Caitlin Clevenger)  
<cclevenger@mmcportlavaca.com>  
**Sent:** Monday, April 13, 2026 2:06 PM  
**To:** Caron Bradley; Sharon Husmann; T8 Caprock HP - Funding; Melanie Perez  
**Cc:** Autumn Gibson; Brooklynn.Harvey@calhouncotx.org; Michelle Cumberland  
**Subject:** Unapproved ACH

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

Good afternoon,


An ACH transaction was initiated by your company again for a register that has not yet been approved in court. Please understand that MMC is prohibited by law to release any funds that have not yet been approved in weekly Commissioner's Court, held every Wednesday. Approval for your company to initiate a withdrawal MUST be given from someone at our facility prior to taking the money. On 4/10/26, \$55,066.11 was transferred without prior approval. Please take the proper measures to ensure that this does not happen again. I appreciated your time and attention to this matter.

Thank you,

### Caitlin Clevenger

Controller  
Memorial Medical Center  
815 N Virginia. St  
Port Lavaca, TX 77979  
Ph: 361.552.0272

The information contained in this transmission may contain privileged and confidential information, including patient information protected by federal and state privacy laws. It is intended only for the use of the person(s) named above. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution, or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message and any attachments.

 Confirmation: You Have Filed Successfully

**Sales and Use Tax** Period Ending 01/31/2026 (2601)

<b>Taxpayer ID:</b> [REDACTED]	<b>Taxpayer Name:</b>	<b>Entered By:</b> Caitlin Clevenger
<b>User ID:</b> [REDACTED]	MEMORIAL MEDICAL CENTER ✓	<b>Email Address:</b>
<b>Reference Number:</b> [REDACTED]	<b>Taxpayer Address:</b>	clevenger@mmcpportlavaca.com
<b>Date and Time of Filing:</b>	815 N VIRGINIA ST PORT LAVACA , TX	<b>Telephone Number:</b> (361) 552-0272
02/10/2026, 09:40:55 AM	77979-3025	
	<b>IP Address:</b> [REDACTED]	

**PAYMENT SUMMARY**

<b>Electronic Check</b>	<b>Payment Reference Number:</b> [REDACTED]	<b>Type of Bank Account:</b> Checking
<b>State Amount:</b> \$1,578.32	<b>Trace Number:</b> [REDACTED]	<b>Accountholder Name:</b>
<b>Local Amount:</b> \$505.06		Memorial Medical Center Operating
<b>Amount to Pay:</b> \$2,083.38		<b>Bank Routing Number:</b> [REDACTED]
<b>Electronic Check:</b> \$2,083.38		<b>Bank Account Number:</b> [REDACTED]
		<b>Payment Effective Date:</b> 02/19/2026

**CREDIT SUMMARY**

**Credits Taken**

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

**Licensed Customs Broker Exported Sales**

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

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	25,380	25,380	0.00	25,380	1,586.25	25,380	0.02	507.6
<b>SubTotal</b>	<b>25,380</b>	<b>25,380</b>	<b>0</b>	<b>25,380</b>	<b>1,586.25</b>	<b>25,380</b>		<b>507.6</b>

**Total Tax for Locations** **2,093.85**

Total Tax Due:	\$2,093.85
Timely Filing Discount:	- \$10.47
Balance Due:	\$2,083.38 ✓

**Date/Time** 03-30-2026 / 03:07 PM  
**Submitted By** agibson419

**Pay Date** 03-31-2026

Employee Deposits	\$36,764.20
Employer Contributions	\$53,203.04
Group Term Life Premiums	\$0.00
<b>Total</b>	<b>\$89,967.24</b> ✓

**Comments**

**Payroll File** March 2026.xlsx

CLOSE

PRINT

Date/Time 04-06-2026 / 01:06 PM  
Submitted By agibson419

Pay Date 04-06-2026

Employee Deposits	\$37,419.18
Employer Contributions	\$54,150.80
Group Term Life Premiums	\$0.00
Total	\$91,569.98 ✓

Comments

Payroll File March Adjustments.xlsx

CLOSE

PRINT

# RECEIVED

APR 09 2026

04/09/2026

09:52

Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 04/24/2026

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
040126		04/07/202	04/01/202	04/24/202			345.77	0.00	0.00	345.77

*ins. pay. dep. into mme opt. error*

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	LAVACA BAY NURSING AND REHAB	345.77	0.00	0.00	345.77

### Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	345.77	0.00	0.00	345.77

APPROVED ON

APR 09 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

*CHK# 212731*

# RECEIVED

APR 09 2026

MEMORIAL MEDICAL CENTER

04/09/2026

09:52

Calhoun County Auditor

AP Open Invoice List

Due Dates Through: 04/24/2026

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
✓ 040126		04/07/202	04/01/202	04/24/202			3,576.05	0.00	0.00	3,576.05 ✓
✓ 040126A	ins. pay. dep. into mmc opt. error	04/07/202	04/01/202	04/24/202			3,531.92	0.00	0.00	3,531.92 ✓
✓ 040326	"	04/07/202	04/03/202	04/24/202			8,960.00	0.00	0.00	8,960.00 ✓
✓ 040626	"	04/08/202	04/06/202	04/24/202			427.72	0.00	0.00	427.72 ✓
✓ 040626A	"	04/08/202	04/06/202	04/24/202			2,821.00	0.00	0.00	2,821.00 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE	19,316.69	0.00	0.00	19,316.69

### Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	19,316.69	0.00	0.00	19,316.69 ✓

3,576.05 +  
 3,531.92 +  
 8,960.00 +  
 427.72 +  
 2,821.00 +  
 19,316.69 \*

APPROVED ON

APR 09 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CHK# 22730

RECEIVED

APR 09 2026

04/09/2026  
09:53

Calhoun County Auditor

MEMORIAL MEDICAL CENTER  
AP Open Invoice List  
Due Dates Through: 04/24/2026

0  
ap\_open\_invoice.template

Vendor# Vendor Name  
13004 TUSCANY VILLAGE

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 040226		04/07/202	04/02/202	04/24/202			21,667.19	0.00	0.00	21,667.19 ✓
✓ 040326	INS. pay. dep. into mmc opt. error	04/07/202	04/03/202	04/24/202			24,360.00	0.00	0.00	24,360.00 ✓
✓ 040626	"	04/08/202	04/06/202	04/24/202			5,642.00	0.00	0.00	5,642.00 ✓
✓ 040726A	"	04/08/202	04/07/202	04/24/202			160.00	0.00	0.00	160.00 ✓
✓ 040726	"	04/08/202	04/07/202	04/24/202			1,676.00	0.00	0.00	1,676.00 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE	53,505.19	0.00	0.00	53,505.19

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	53,505.19	0.00	0.00	53,505.19 ✓

21,667.19 +  
 24,360.00 +  
 5,642.00 +  
 160.00 +  
 1,676.00 +  
 53,505.19 \*

APPROVED ON

APR 09 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CNK # 212732

Memorial Medical Center  
 Nursing Home UPL  
 Weekly Cantex Transfer  
 Prosperity Accounts  
 4/13/2026

APPROVED ON

APR 13 2026

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

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
<b>Ashford Gardens</b>		100.19				100.19	
						Bank Balance	
						Variance	
						Leave in Balance	
						Adjust Balance/Transfer Amt	0.19
						Bank Balance	100.17
						Variance	
						Leave in Balance	100.00
						Adjust Balance/Transfer Amt	0.17
						Bank Balance	101.54
						Variance	
						Leave in Balance	100.00
						Adjust Balance/Transfer Amt	1.54
						Bank Balance	100.16
						Variance	
						Leave in Balance	100.00
						Adjust Balance/Transfer Amt	0.16
						Bank Balance	103.35
						Variance	
						Leave in Balance	100.00
						Adjust Balance/Transfer Amt	3.35
<b>TOTAL TRANSFERS</b>							

Routing Information for Ashford Gardens:

Ashford Health Care Center Ltd Co  
 JP Morgan Chase Bank  
 ABA 111000614  
 Account #

**Broadmoor**

**Crescent**

**Fort Bend**

**Solera at W Houston**

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

Cantex Health Care Centers III LLC  
 JP Morgan Chase Bank  
 ABA 111000614  
 Account #

Approved:   
 Caitlin Clevenger, Controller 4/13/2026



# Balances Overview



COUNTY OF CALHOUN TEXAS  
 AGIBSON  
 as of Apr 13, 2026 9:59:41 AM CDT

## Account Activity

### DDA(14)

	Current Balance	Available Balance
	\$1,147,626.93	\$1,147,626.93
<b>Account Name</b>		
*4357 MEMORIAL MEDICAL - OPERATING	\$845,724.69	\$845,724.69
*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	\$78,690.72	\$78,690.72
*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	\$89,489.97	\$89,489.97
*3407 MMC -NH TUSCANY VILLAGE	\$32,362.35	\$32,362.35
*2998 MMC -MONEY MARKET FUND	\$74,974.34	\$74,974.34
*7168 MEMORIAL MEDICAL LOCK BOX	\$20,775.17	\$20,775.17
<b>Total Balance</b>	<b>\$1,147,626.93</b>	<b>\$1,147,626.93</b>

Memorial Medical Center  
 Nursing Home UPL  
 Weekly Nexion Transfer  
 Prosperity Accounts  
 4/13/2026

APPROVED ON

APR 13 2026

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

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		39,616.46	38,730.09	63,291.18		64,177.55	63,291.18
						Bank Balance	64,177.55
						Variance	
						Leave in Balance	100.00
						Jan Interest	255.07
						Feb Interest	171.99
						Mar Interest	292.52
						Recoup owed to MMC	66.79
						<b>Adjust Balance/Transfer Amt</b>	<b>63,291.18</b>

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.

Approved:   
 Caitlin Clevenger, Controller 4/13/2026

**Golden Creek**

	✓	✓	MMC	
	Transfer-Out	Transfer-In	PORTION	NH PORTION
4/10/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 041026 543684555876917	-	3,572.00		3,572.00
4/9/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 040926 543684555876917	-	2,850.18		2,850.18
4/8/2026 Domestic Wire Withdrawal WIRE OUT NEXION HEAL TH d/b/a GOLDEN CREEK HC	38,730.09	-		-
4/8/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 040826 543684555876917	-	1,213.90		1,213.90
4/8/2026 GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	4,950.00		4,950.00
4/8/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1238386492*13 41858379\ 746003411	-	555.72		555.72
4/7/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 040726 543684555876917	-	482.00		482.00
4/7/2026 GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	4,320.30		4,320.30
4/7/2026 GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	1,945.29		1,945.29
4/7/2026 GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	7,980.43		7,980.43
4/7/2026 HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0S2023591588075964*1746000156~ 17460034113011	-	12,935.87		12,935.87
4/6/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 040626 543684555876917	-	2,579.53		2,579.53
4/6/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 040626 543684555876917	-	1,188.90		1,188.90
4/6/2026 Am Health TX - PAYMENT 21531	-	10,500.00		10,500.00
4/6/2026 GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	1,467.06		1,467.06
4/6/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 040626 543684555876917	-	6,750.00		6,750.00
	<b>38,730.09</b>	<b>63,291.18</b>	-	<b>63,291.18</b>

# Transaction Report



Transaction Report for account \*4454 *Golden Creek*

Reported on Mon Apr 13 15:46:00 GMT 2026

Current Balance \$78,690.72  
 Interest Accrued \$25.73  
 Available Balance \$78,690.72

Date	Description	Credit	Debit	Running Balance
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
04/10/2026	External Deposit TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 041026 543684555876917	3572.00		64177.55 ✓
04/09/2026	External Deposit TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 040926 543684555876917	2850.18		60605.55
04/08/2026	Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT NEXION HEAL TH d/b/a GOLDEN CREEK HC		38730.09	57755.37
04/08/2026	External Deposit TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 040826 543684555876917	1213.90		96465.46
04/08/2026	External Deposit GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	4950.00		95271.56
04/08/2026	External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1238386492*13 41858379; 746003411	555.72		90321.56
04/07/2026	External Deposit TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 040726 543684555876917	482.00		89765.84
04/07/2026	External Deposit GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	4320.30		89283.84



**Gulf Pointe Plaza-Private Pay**

No Activity

<input checked="" type="checkbox"/> <u>Transfer-Out</u>	<input checked="" type="checkbox"/> <u>Transfer-In</u>	MMC <u>PORTION</u>	<u>NH PORTION</u>
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-

**Gulf Pointe Plaza-Medicare/Medicaid**

No Activity

<input checked="" type="checkbox"/> <u>Transfer-Out</u>	<input checked="" type="checkbox"/> <u>Transfer-In</u>	MMC <u>PORTION</u>	<u>NH PORTION</u>
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-

# Balances Overview



COUNTY OF CALHOUN TEXAS  
 AGIBSON  
 as of Apr 13, 2026 9:59:56 AM CDT

## Account Activity

DDA(14)

	Current Balance	Available Balance
	\$1,147,626.93	\$1,147,626.93
<b>Account Name</b>		
*4357 MEMORIAL MEDICAL - OPERATING	\$845,724.69	\$845,724.69
*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	\$78,690.72	\$78,690.72
*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	\$89,489.97	\$89,489.97
*3407 MMC -NH TUSCANY VILLAGE	\$32,362.35	\$32,362.35
*2998 MMC -MONEY MARKET FUND	\$74,974.34	\$74,974.34
*7168 MEMORIAL MEDICAL LOCK BOX	\$20,775.17	\$20,775.17
<b>Total Balance</b>	<b>\$1,147,626.93</b>	<b>\$1,147,626.93</b>

Memorial Medical Center  
 Nursing Home UPL  
 Weekly Tuscany Transfer  
 Prosperity Accounts  
 4/13/2026

APPROVED ON  
 APR 13 2026  
 BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

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		261,246.51	261,146.51	32,262.35			32,362.35	32,262.35
						Bank Balance Variance	32,362.35	
						Leave in Balance	100.00	

Adjust Balance/Transfer Amt 32,262.35

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 Cleveland, Controller 4/13/2026

**Tuscany Village**

	✓ Transfer-Out	✓ Transfer-In	MMC PORTION	NH PORTION
4/8/2026 Merchant Capture Deposit	-	9,957.71		9,957.71
4/8/2026 Domestic Wire Withdrawal WIRE OUT VILLAGE POS T ACUTE HEALTH SERVICE	261,146.31	-		-
4/7/2026 Deposit	-	15,438.72		15,438.72
4/6/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7764037*1205296137*000004011\ 676201	-	6,865.92		6,865.92
	<b>261,146.31</b>	<b>32,262.35</b>	-	<b>32,262.35</b>

# Balances Overview



COUNTY OF CALHOUN TEXAS  
 AGIBSON  
 as of Apr 13, 2026 9:59:56 AM CDT

## Account Activity

DDA(14)

	Current Balance	Available Balance
	\$1,147,626.93	\$1,147,626.93
<b>Account Name</b>		
*4357 MEMORIAL MEDICAL - OPERATING	\$845,724.69	\$845,724.69
*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	\$78,690.72	\$78,690.72
*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	\$89,489.97	\$89,489.97
*3407 MMC -NH TUSCANY VILLAGE	✓ \$32,362.35 ✓	\$32,362.35
*2998 MMC -MONEY MARKET FUND	\$74,974.34	\$74,974.34
*7168 MEMORIAL MEDICAL LOCK BOX	\$20,775.17	\$20,775.17
<b>Total Balance</b>	<b>\$1,147,626.93</b>	<b>\$1,147,626.93</b>

Memorial Medical Center  
 Nursing Home UPL  
 Weekly HSL Transfer  
 Prosperity Accounts  
 4/13/2026

APPROVED ON

APR 13 2026

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

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	70,200.33	68,867.39	78,979.62			80,312.56	78,979.62
					Bank Balance	80,312.56	
					Variance		
					Leave in Balance	100.00	
					Jan Interest	151.94	
					Feb Interest	145.43	
					Mar Interest	397.66	
					Recoup owed to MMC	537.91	
					Adjust Balance/Transfer Amt	78,979.62	

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 Cleverger, Controller 4/13/2026

Lavaca Bay Nursing and Rehab	Transfer-Out	Transfer-In	MMC	
			PORTION	NH PORTION
4/10/2026 HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0S2079881538719836*1746000156~ 17460034113016	-	260.00		260.00
4/9/2026 BCBS ILLINOIS PAYABLE - HCCLAIMPMT TRN*1*M26 096E55965550*1731350270*MA20260406E559655500-1538719836\ M26096E555	-	2,910.68		2,910.68
4/9/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7768641*1205296137*000004011\ 676481	-	696.10		696.10
4/9/2026 HUMANA INS CO 459017 - HCCLAIMPMT TRN*1*1840 22135260407*1391263473\ 100923665	-	551.97		551.97
4/8/2026 Domestic Wire Withdrawal WIRE OUT REG Leased OpCo LLC	68,867.39	-		-
4/8/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7767370*1205296137*000004011\ 676481	-	3,202.00		3,202.00
4/7/2026 NDC SWEEP SWEEP FR 00974300029 - FAC 02330	-	28,087.93		28,087.93
4/7/2026 Deposit	-	43,270.94		43,270.94
	<b>68,867.39</b>	<b>78,979.62</b>	-	<b>78,979.62</b>

# Transaction Report



## Transaction Report for account \*5506 *Lavaca Bay*

Reported on Mon Apr 13 15:11:00 GMT 2026

Current Balance \$89,489.97  
 Interest Accrued \$38.43  
 Available Balance \$89,489.97

Date	Description	Credit	Debit	Running Balance
04/10/2026	External Deposit HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*08Z079881538719836*1746000156- 17460034113016	260.00		80312.56 ✓
04/09/2026	External Deposit BCBS ILLINOIS PAYABLE - HCCLAIMPMT TRN*1*M26 098E55965550*1731350270*MA20260406E559655500-1538719836\ M26096E55965550	2910.68		80052.56
04/09/2026	External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7766641*1205296137*000004011\ 676481	698.10		77141.88
04/09/2026	External Deposit HUMANA INS CO 459017 - HCCLAIMPMT TRN*1*1840 22135260407*1391263473\ 100923665	551.97		76445.78
04/08/2026	Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT REG Leased OpCo LLC		88867.39	75893.81
04/08/2026	External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7767370*1205296137*000004011\ 676481	3202.00		144761.20
04/07/2026	External Deposit NDC SWEEP SWEEP FR 00974300029 - FAC 02330	28087.93		141559.20
04/07/2026	178660972629815 Deposit Deposit	43270.94		113471.27
04/03/2026	External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7783075*1205296137*000004011\ 676481	8711.55		70200.33
04/02/2026	178660922662631 Deposit Deposit	7155.75		61468.78