

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---April 22, 2026

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 1,353,611.00
TOTAL TRANSFERS BETWEEN FUNDS	\$ 811,827.86
TOTAL NURSING HOME UPL EXPENSES	\$ 565,286.09
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
GRAND TOTAL DISBURSEMENTS APPROVED April 22, 2026	\$ 2,730,724.95

APPROVED

APR 22 2026

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---April 22, 2026

PAYABLES AND PAYROLL

4/16/2026 Weekly Payables	288,141.90
4/16/2026 US Bank Credit Card-see attached (Erin)	6,215.83
4/16/2026 US Bank Credit Card-see attached (Michelle)	1,893.49
4/20/2026 McKesson-340B Prescription Expense	464,076.77
4/20/2026 Cencora-340B Prescription Expense	276.45
4/20/2026 Cencora-340B Prescription Expense	2,367.47
4/20/2026 Payroll Liabilities-Payroll Taxes	126,602.43
4/20/2026 Payroll	397,340.47

Prosperity Electronic Bank Payments

4/20/2026 90 Degree Benefits - employee insurance claims	44,207.69
4/20/2026 90 Degree Benefits - employee insurance claims	19,927.79
4/20/2026 Pay Plus-Patient Claims Processing Fee	1,267.45
4/20/2026 Credit Card Bank Fee	171.80
4/20/2026 Credit Card Lease Fee	45.64
4/20/2026 Health Equity -HSA Contributions	1,075.82

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS **\$ 1,353,611.00**

TRANSFERS BETWEEN FUNDS-MMC

4/21/2026 Transfer from Nexbank Money Market to Prosperity Operating Account	500,000.00
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TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

4/16/2026 MMC Operating to Bethany/Lavaca Bay-Correction of insurance payment deposited into MMC Operating in error	4,062.32
4/16/2026 MMC Operating to Broadmoor at Creekside Park-Correction of insurance payment deposited into MMC Operating in error	1,224.00
4/16/2026 MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	223,580.14
4/16/2026 MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	82,961.40

TOTAL TRANSFERS BETWEEN FUNDS **\$ 811,827.86**

NURSING HOME UPL EXPENSES

4/20/2026 Nursing Home UPL-Cantex Transfer	1,283.65
4/20/2026 Nursing Home UPL-Nexion Transfer	65,729.00
4/20/2026 Nursing Home UPL-Tuscany Transfer	157,683.42
4/20/2026 Nursing Home UPL-HSL Transfer	336,640.03

TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC

4/20/2026 Solera to MMC- Wellcare Recoup - Fort Bend	3,949.99
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TOTAL NURSING HOME UPL EXPENSES **\$ 565,286.09**

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

GRAND TOTAL DISBURSEMENTS APPROVED April 22, 2026 **\$ 2,730,724.95**

✓	112596499A		04/17/202	04/06/202	04/25/202		185.66	0.00	0.00	185.66 ✓	
		LAB SUPPLIES									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		B1220	BECKMAN COULTER INC				9,200.03	0.00	0.00	9,200.03	
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
✓	909103635		04/14/202	04/14/202	04/14/202			283.95	0.00	0.00	283.95 ✓
✓	909103634	SUPPLIES <i>Pediatric 2 LIQ wX4 ML XL</i>	04/14/202	04/14/202	04/29/202			1,043.90	0.00	0.00	1,043.90 ✓
		SUPPLIES									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		11072	BIO-RAD LABORATORIES, INC				1,327.85	0.00	0.00	1,327.85	
Vendor#	Vendor Name		Class	Pay Code							
C1048	CALHOUN COUNTY		W								
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	033126		03/01/202	04/27/202	04/27/202			1,605.64	0.00	0.00	1,605.64 ✓
✓	033126B	METER BILLING FOR MARCH	03/01/202	04/27/202	04/27/202			16.85	0.00	0.00	16.85 ✓
✓	033126C	METER BILLING FOR MARCH	03/01/202	04/27/202	04/27/202			597.01	0.00	0.00	597.01 ✓
✓	033126D	METER BILLING FOR MARCH	03/01/202	04/27/202	04/27/202			287.15	0.00	0.00	287.15 ✓
✓	033126AA	METER BILLING FOR MARCH	04/15/202	03/31/202	03/31/202			25,552.01	0.00	0.00	25,552.01 ✓
		<i>meter billing</i>									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		C1048	CALHOUN COUNTY				28,058.66	0.00	0.00	28,058.66	
Vendor#	Vendor Name		Class	Pay Code							
C1325	CARDINAL HEALTH 414, INC.		W								
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	8004154579		04/14/202	03/31/202	04/25/202			157.06	0.00	0.00	157.06 ✓
		NUC MED SUPPLIES									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		C1325	CARDINAL HEALTH 414, INC.				157.06	0.00	0.00	157.06	
Vendor#	Vendor Name		Class	Pay Code							
C1992	CDW GOVERNMENT, INC.		M								
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	A12ZJ9M		04/14/202	02/25/202	02/25/202			117.33	0.00	0.00	117.33 ✓
		LOGITECH WEBCAM									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		C1992	CDW GOVERNMENT, INC.				117.33	0.00	0.00	117.33	
Vendor#	Vendor Name		Class	Pay Code							
13264	CERVEY, LLC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	41366		04/06/202	04/01/202	04/26/202			2,150.00	0.00	0.00	2,150.00 ✓
		340B MONTHLY FEE									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		13264	CERVEY, LLC				2,150.00	0.00	0.00	2,150.00	
Vendor#	Vendor Name		Class	Pay Code							
15116	COMPUGROUP MEDICAL - EMDS INC.										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	9090165892		04/14/202	04/07/202	04/07/202			12,586.50	0.00	0.00	12,586.50 ✓
		EMDS HOSTING SERVICES / <i>3 months</i>									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		15116	COMPUGROUP MEDICAL - EMDS INC.				12,586.50	0.00	0.00	12,586.50	

Vendor#	Vendor Name	Class	Pay Code								
14892	CONTINUED.COM LLC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	INV08297		04/14/202	04/09/202	04/09/202			763.00	0.00	0.00	763.00
		CEU YEARLY MEMBERSHIP DUE:									✓
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14892	CONTINUED.COM LLC					763.00	0.00	0.00	763.00
14080	CORROHEALTH, INC.										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	2032651		04/14/202	03/31/202	04/30/202			2,365.90	0.00	0.00	2,365.90
		MARCH DIAGNOSIS CODING INV:									✓
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14080	CORROHEALTH, INC.					2,365.90	0.00	0.00	2,365.90
14400	CULINARY CONCESSIONS LLC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	INV310669		04/15/202	03/31/202	04/30/202			33,187.69	0.00	0.00	33,187.69
		MARCH INVOICE / Luby's									✓
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14400	CULINARY CONCESSIONS LLC					33,187.69	0.00	0.00	33,187.69
11291	DOWELL PEST CONTROL										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	72211		04/15/202	04/13/202	04/25/202			75.00	0.00	0.00	75.00
		PEST CONTROL / Fly treatment									✓
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11291	DOWELL PEST CONTROL					75.00	0.00	0.00	75.00
11091	ECOLAB										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	6358392777		04/14/202	04/01/202	04/01/202			255.21	0.00	0.00	255.21
		DIETARY RENTAL									✓
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11091	ECOLAB					255.21	0.00	0.00	255.21
11284	EMERGENCY STAFFING SOLUTIONS										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	45250		04/14/202	04/15/202	04/25/202			40,062.50	0.00	0.00	40,062.50
		ER PHYS SERVICE 1-15TH									✓
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11284	EMERGENCY STAFFING SOLUTIONS					40,062.50	0.00	0.00	40,062.50
11944	EQUIFAX WORKFORCE SOLUTIONS										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	2071473331		04/14/202	03/31/202	04/30/202			10.99	0.00	0.00	10.99
		CREDIT REPORTING / acct. service fee mnthly									✓
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11944	EQUIFAX WORKFORCE SOLUTIONS					10.99	0.00	0.00	10.99
15832	EVERON										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	160775184		04/15/202	04/02/202	04/25/202			63.69	0.00	0.00	63.69
		FIRE MONITORING									✓
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		15832	EVERON					63.69	0.00	0.00	63.69

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 6003183973		04/14/202	04/01/202	04/01/202			1,083.94	0.00	0.00	1,083.94 ✓
	040126-043026	<i>Logiq S7 Expert R3 Demo x2</i>								
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	12404	GE PRECISION HEALTHCARE, LLC					1,083.94	0.00	0.00	1,083.94
Vendor#	Vendor Name	Class		Pay Code						
G0401	GULF COAST DELIVERY									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 033126		03/01/202	03/31/202	04/26/202			50.00	0.00	0.00	50.00 ✓
		<i>Lab travel 3/2, 3/31</i>								
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	G0401	GULF COAST DELIVERY					50.00	0.00	0.00	50.00
Vendor#	Vendor Name	Class		Pay Code						
15208	HOSPITAL CARE CONSULTANTS INC.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 7109		04/14/202	04/15/202	04/25/202			23,663.00	0.00	0.00	23,663.00 ✓
	PHYS SERVICES APRIL 1-15TH									
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						
13876	INQUISEEK, LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ INV2014		04/15/202	04/15/202	04/25/202			450.00	0.00	0.00	450.00 ✓
	MMC QRTL SUBSCRIPTION SEF									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	13876	INQUISEEK, LLC					450.00	0.00	0.00	450.00
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
✓ 25282356		04/14/202	03/31/202	04/15/202			172.90	0.00	0.00	172.90 ✓
	SUPPLIES									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC					172.90	0.00	0.00	172.90
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
✓ 201312937		04/15/202	04/13/202	04/25/202			2,760.00	0.00	0.00	2,760.00 ✓
	LAB TRAVEL TECH	<i>/ Joshua Zettlemyer 3/27, 3/30, 3/31, 4/1, 4/2</i>								
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	18092	MEDICAL SOLUTIONS LLC					2,760.00	0.00	0.00	2,760.00
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
✓ 2417894870		04/14/202	03/24/202	04/18/202			337.64	0.00	0.00	337.64 ✓
	SUPPLIES									
✓ 2418357987		04/14/202	03/26/202	04/20/202			113.71	0.00	0.00	113.71 ✓
	SUPPLIES	<i>Strip, integrator</i>								
✓ 2418581849		04/14/202	03/27/202	04/21/202			26.57	0.00	0.00	26.57 ✓
	SUPPLIES	<i>cannula tube</i>								
✓ 2418960890		04/14/202	03/31/202	04/25/202			43.14	0.00	0.00	43.14 ✓
	SUPPLIES	<i>armboard x3</i>								
✓ 2418960887		04/14/202	03/31/202	04/25/202			57.81	0.00	0.00	57.81 ✓
	SUPPLIES	<i>blue polycarbonate</i>								
✓ 2419239977		04/14/202	04/01/202	04/26/202			21.51	0.00	0.00	21.51 ✓
	SUPPLIES	<i>foot brace</i>								
✓ 2419239983		04/14/202	04/01/202	04/26/202			150.92	0.00	0.00	150.92 ✓
		<i>gold tape x2</i>								

Invoice#	Description	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 2419239980	SUPPLIES	04/14/202	04/01/202	04/26/202			842.12	0.00	0.00	842.12 ✓
✓ 2419239974	SUPPLIES Immunocard Stat Test	04/14/202	04/01/202	04/26/202			63.78	0.00	0.00	63.78 ✓
✓ 2419239981	SUPPLIES Scissors X3	04/14/202	04/01/202	04/26/202			4,838.97	0.00	0.00	4,838.97 ✓
✓ 2419239979	SUPPLIES	04/14/202	04/01/202	04/26/202			1,600.92	0.00	0.00	1,600.92 ✓
✓ 2419239978	SUPPLIES	04/14/202	04/01/202	04/26/202			166.81	0.00	0.00	166.81 ✓
✓ 2419239972	SUPPLIES extension set w/ care sites	04/14/202	04/01/202	04/26/202			650.19	0.00	0.00	650.19 ✓
✓ 2418960889	SUPPLIES bacterial / viral filter, mask, endo tube	04/14/202	04/14/202	04/30/202			19.27	0.00	0.00	19.27 ✓
	SUPPLIES blue poly carbonate X4									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	8,933.36	0.00	0.00	8,933.36

Vendor# Vendor Name Class Pay Code

10680 MMC EMPLOYEES ACTIVITIES TEAM

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 040926	HEART WALK REIMB EMPLOY PAY	04/14/202	04/09/202	04/09/202			1,400.00	0.00	0.00	1,400.00 ✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10680	MMC EMPLOYEES ACTIVITIES TEAM	1,400.00	0.00	0.00	1,400.00

Vendor# Vendor Name Class Pay Code

10536 MORRIS & DICKSON CO, LLC

Invoice#	Description	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 4654543	SUPPLIES	04/14/202	04/08/202	04/18/202			33.25	0.00	0.00	33.25 ✓
✓ 4650859	SUPPLIES	04/14/202	04/08/202	04/18/202			64.72	0.00	0.00	64.72 ✓
✓ 4654544	SUPPLIES	04/14/202	04/08/202	04/18/202			62.98	0.00	0.00	62.98 ✓
✓ 4657828	SUPPLIES	04/14/202	04/09/202	04/19/202			159.97	0.00	0.00	159.97 ✓
✓ 4656370	SUPPLIES	04/14/202	04/09/202	04/19/202			1,124.42	0.00	0.00	1,124.42 ✓
✓ 4657829	SUPPLIES	04/14/202	04/09/202	04/19/202			380.28	0.00	0.00	380.28 ✓
✓ 4652012	SUPPLIES	04/14/202	04/12/202	04/22/202			166.62	0.00	0.00	166.62 ✓
✓ 4665709	SUPPLIES	04/14/202	04/12/202	04/22/202			262.88	0.00	0.00	262.88 ✓
✓ 4652013	SUPPLIES	04/14/202	04/12/202	04/22/202			240.98	0.00	0.00	240.98 ✓
✓ 4665710	SUPPLIES	04/14/202	04/12/202	04/22/202			218.54	0.00	0.00	218.54 ✓
✓ 4665711	SUPPLIES	04/14/202	04/12/202	04/22/202			1,321.93	0.00	0.00	1,321.93 ✓
✓ 4669927	SUPPLIES	04/14/202	04/13/202	04/23/202			234.10	0.00	0.00	234.10 ✓
✓ 4665708	SUPPLIES	04/14/202	04/13/202	04/23/202			1,291.65	0.00	0.00	1,291.65 ✓
✓ 4669926	SUPPLIES	04/14/202	04/13/202	04/23/202			6,035.66	0.00	0.00	6,035.66 ✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net

	S2362	SMITH & NEPHEW, INC.					4,968.00	0.00	0.00	4,968.00
Vendor#	Vendor Name		Class	Pay Code						
S2345	SOUTHEAST TEXAS HEALTH SYS		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 27097		04/14/202	04/01/202	04/01/202			6,250.00	0.00	0.00	6,250.00 ✓
	2026 QTRLY MEMBERSHIP DUES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S2345	SOUTHEAST TEXAS HEALTH SYS					6,250.00	0.00	0.00	6,250.00
Vendor#	Vendor Name		Class	Pay Code						
C1010	SPARKLIGHT		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 040426		04/15/202	04/04/202	04/05/202			3,596.00	0.00	0.00	3,596.00 ✓
	INTERNET 4/1/2020 - 4/30/2024									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	C1010	SPARKLIGHT					3,596.00	0.00	0.00	3,596.00
Vendor#	Vendor Name		Class	Pay Code						
15236	SPECIALTY PROFESSIONAL									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 1260000129		04/15/202	02/20/202	02/20/202			3,850.00	0.00	0.00	3,850.00 ✓
	ER TRAVEL NURSE / Amber Helzer 2/4, 2/7, 2/8									
✓ 1260000175		04/15/202	02/27/202	02/27/202			3,675.00	0.00	0.00	3,675.00 ✓
	ER TRAVEL NURSE / " " 2/17, 2/18, 2/19									
✓ 1260000193		04/15/202	03/06/202	03/06/202			3,675.00	0.00	0.00	3,675.00 ✓
	ER TRAVEL NURSE / " " 2/21, 2/22, 2/23									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	15236	SPECIALTY PROFESSIONAL					11,200.00	0.00	0.00	11,200.00
Vendor#	Vendor Name		Class	Pay Code						
S2694	STANFORD VACUUM SERVICE		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 460247		04/14/202	04/07/202	04/07/202			625.00	0.00	0.00	625.00 ✓
	GREASE TRAP PUMP OUT									
✓ 859424		04/15/202	03/04/202	04/20/202			625.00	0.00	0.00	625.00 ✓
	GREASE TRAP MAINTENANCE									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S2694	STANFORD VACUUM SERVICE					1,250.00	0.00	0.00	1,250.00
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
✓ 16116258		04/14/202	04/01/202	04/26/202			95.29	0.00	0.00	95.29 ✓
	SUPPLIES Genesis non-cellulose filter									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S3940	STERIS CORPORATION					95.29	0.00	0.00	95.29
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
✓ 1514		04/14/202	03/29/202	04/28/202			4,800.00	0.00	0.00	4,800.00 ✓
	RVU INVOICES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	17248	SUMMIT PAIN AND WELLNESS					4,800.00	0.00	0.00	4,800.00
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
✓ H187207		04/14/202	04/08/202	04/08/202			6,925.00	0.00	0.00	6,925.00 ✓
	UTILIZATION MGMNT SERVICES 1/10 - 1/15/2024									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	15856	TEXAS A&M HEALTH SCIENCE CENTE					6,925.00	0.00	0.00	6,925.00

Vendor#	Vendor Name	Class	Pay Code								
14064	TREVIPAY- WALMART										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	C8246043		04/15/202	04/13/202	04/13/202			46.28	0.00	0.00	46.28 ✓
		SUPPLIES office supplies, frames, water									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14064	TREVIPAY- WALMART					46.28	0.00	0.00	46.28
Vendor#	Vendor Name	Class	Pay Code								
13616	TRIOSE, INC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	TRI292232		04/15/202	04/01/202	04/16/202			319.41	0.00	0.00	319.41 ✓
		FREIGHT									
✓	TRI292895		04/15/202	04/01/202	04/16/202			192.31	0.00	0.00	192.31 ✓
		FREIGHT									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		13616	TRIOSE, INC					511.72	0.00	0.00	511.72
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
✓	2921084595		04/06/202	04/02/202	04/27/202			577.89	0.00	0.00	577.89 ✓
		DIETARY UNIFORMS									
✓	2921084590		04/07/202	04/02/202	04/27/202			168.95	0.00	0.00	168.95 ✓
		SUPPLIES/LINENS									
✓	2921084030		04/14/202	03/26/202	04/20/202			332.40	0.00	0.00	332.40 ✓
		UNIFORMS									
✓	2921084103		04/14/202	03/26/202	04/20/202			453.67	0.00	0.00	453.67 ✓
		SUPPLIES/LINENS									
✓	2921084220		04/14/202	03/30/202	04/24/202			4,076.03	0.00	0.00	4,076.03 ✓
		GOWNS/SUPPLIES									
✓	2921084232		04/14/202	03/30/202	04/24/202			229.42	0.00	0.00	229.42 ✓
		UNIFORMS									
✓	2921084561		04/14/202	04/02/202	04/27/202			54.89	0.00	0.00	54.89 ✓
		UNIFORMS									
✓	2921084583		04/14/202	04/02/202	04/27/202			332.40	0.00	0.00	332.40 ✓
		LINENS/SUPPLIES									
✓	2921084616		04/14/202	04/02/202	04/27/202			181.14	0.00	0.00	181.14 ✓
		SUPPLIES/LINENS									
✓	2921084640		04/14/202	04/02/202	04/27/202			562.44	0.00	0.00	562.44 ✓
		SUPPLIES/LINENS									
✓	2921084587		04/14/202	04/02/202	04/27/202			318.73	0.00	0.00	318.73 ✓
		SUPPLIES/LINENS									
✓	2921084639		04/14/202	04/02/202	04/27/202			5,010.46	0.00	0.00	5,010.46 ✓
		SUPPLIES/LINENS									
✓	2921084765		04/14/202	04/06/202	04/06/202			4,064.60	0.00	0.00	4,064.60 ✓
		SUPPLIES									
✓	2921085083		04/14/202	04/09/202	04/09/202			4,347.91	0.00	0.00	4,347.91 ✓
✓	2921085132		04/14/202	04/09/202	04/09/202			185.41	0.00	0.00	185.41 ✓
		SUPPLIES/LINENS									
✓	2921085112		04/14/202	04/09/202	04/29/202			168.95	0.00	0.00	168.95 ✓
		SUPPLIES/LINENS									
✓	2921085175		04/14/202	04/09/202	04/30/202			441.80	0.00	0.00	441.80 ✓
		SUPPLIES/LINENS									
✓	2921085115		04/14/202	04/09/202	04/30/202			565.92	0.00	0.00	565.92 ✓
		UNIFORMS									
✓	2921085371		04/14/202	04/13/202	04/13/202			4,684.01	0.00	0.00	4,684.01 ✓

✓	2921085108	SUPPLIES/LINENS	04/15/202	04/09/202	04/25/202		318.73	0.00	0.00	318.73 ✓
		LINENS/SUPPLIES								
✓	2921085092		04/15/202	04/09/202	04/25/202		54.89	0.00	0.00	54.89 ✓
		UNIFORMS								
✓	2921085372		04/15/202	04/13/202	04/26/202		233.96	0.00	0.00	233.96 ✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	27,364.60	0.00	0.00	27,364.60

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
✓	9112159253		04/14/202	03/25/202	04/19/202			1,799.71	0.00	0.00	1,799.71 ✓
		SUPPLIES									
✓	9112160287		04/14/202	03/26/202	04/20/202			499.16	0.00	0.00	499.16 ✓

SUPPLIES Cleaning solution

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	2,298.87	0.00	0.00	2,298.87

Vendor# Vendor Name Class Pay Code

17880 YOUR PHONE GUYS LLC

✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	22825		04/07/202	04/01/202	04/25/202			1,000.00	0.00	0.00	1,000.00 ✓
		ALLWORX SOFTWARE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17880	YOUR PHONE GUYS LLC	1,000.00	0.00	0.00	1,000.00

Vendor# Vendor Name Class Pay Code

Z1005 ZIMMER US, INC. W

✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	9005467333		04/14/202	04/14/202	04/14/202			525.00	0.00	0.00	525.00 ✓
		SUPPLIES Trulink Blue									
✓	9005467332		04/14/202	04/14/202	04/14/202			882.00	0.00	0.00	882.00 ✓

SUPPLIES Ventix link Kntis X2

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	Z1005	ZIMMER US, INC.	1,407.00	0.00	0.00	1,407.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	288,141.90	0.00	0.00	288,141.90

APPROVED ON

APR 16 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 212734 - 212791

RUN DATE:04/20/26
TIME:10:21

MEMORIAL MEDICAL CENTER
CHECK REGISTER
04/22/26 THRU 04/22/26

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GLCKREG

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

A/P	212734	04/22/26	775.90	ADVANCED STERILIZATION PRODUCT
A/P	212735	04/22/26	8,595.40	AIRGAS USA, LLC - CENTRAL DIV
A/P	212736	04/22/26	1,524.13	AMAZON CAPITAL SERVICES
A/P	212737	04/22/26	750.00	AMERITEX ELEVATOR TEXAS LLC
A/P	212738	04/22/26	330.00	ARTHREX, INC
A/P	212739	04/22/26	9,200.03	BECKMAN COULTER INC
A/P	212740	04/22/26	1,327.85	BIO-RAD LABORATORIES, INC
A/P	212741	04/22/26	28,058.66	CALHOUN COUNTY
A/P	212742	04/22/26	157.06	CARDINAL HEALTH 414, INC.
A/P	212743	04/22/26	117.33	CDW GOVERNMENT, INC.
A/P	212744	04/22/26	2,150.00	CERVEY, LLC
A/P	212745	04/22/26	12,586.50	COMPUGROUP MEDICAL - EMDS INC.
A/P	212746	04/22/26	763.00	CONTINUED.COM LLC
A/P	212747	04/22/26	2,365.90	CORROHEALTH, INC.
A/P	212748	04/22/26	33,187.69	CULINARY CONCESSIONS LLC
A/P	212749	04/22/26	75.00	DOWELL PEST CONTROL
A/P	212750	04/22/26	255.21	ECOLAB
A/P	212751	04/22/26	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	212752	04/22/26	10.99	EQUIFAX WORKFORCE SOLUTIONS
A/P	212753	04/22/26	63.69	EVERON
A/P	212754	04/22/26	1,218.75	EVOQUA WATER TECHNOLOGIES LLC
A/P	212755	04/22/26	4,115.32	FIRST INSURANCE FUNDING
A/P	212756	04/22/26	1,450.00	FIRST UNITED METHODIST CHURCH
A/P	212757	04/22/26	2,631.71	FISHER HEALTHCARE
A/P	212758	04/22/26	2,488.29	FLEX FINANCIAL
A/P	212759	04/22/26	2,470.00	FUSION MEDICAL STAFFING, LLC
A/P	212760	04/22/26	1,083.94	GE PRECISION HEALTHCARE, LLC
A/P	212761	04/22/26	50.00	GULF COAST DELIVERY
A/P	212762	04/22/26	23,663.00	HOSPITAL CARE CONSULTANTS INC.
A/P	212763	04/22/26	450.00	INQUIREEK, LLC
A/P	212764	04/22/26	172.90	MCKESSON MEDICAL SURGICAL INC
A/P	212765	04/22/26	2,760.00	MEDICAL SOLUTIONS LLC
A/P	212766	04/22/26	.00	VOIDED
A/P	212767	04/22/26	8,933.36	MEDLINE INDUSTRIES INC
A/P	212768	04/22/26	1,400.00	MMC EMPLOYEES ACTIVITIES TEAM
A/P	212769	04/22/26	11,597.98	MORRIS & DICKSON CO, LLC
A/P	212770	04/22/26	1,000.00	NEXION HEALTH AT NAVASOTA INC
A/P	212771	04/22/26	51.84	NORTH COAST MEDICAL INC
A/P	212772	04/22/26	1,575.00	ODEFEY WITTE WALL & VILLAFRANC
A/P	212773	04/22/26	3,084.00	PARAREV
A/P	212774	04/22/26	2,509.21	PRO ENERGY PARTNERS LLC
A/P	212775	04/22/26	67.00	RAPID PRINTING LLC
A/P	212776	04/22/26	1,300.00	SIGN WORKS
A/P	212777	04/22/26	4,968.00	SMITH & NEPHEW, INC.
A/P	212778	04/22/26	6,250.00	SOUTHEAST TEXAS HEALTH SYS
A/P	212779	04/22/26	3,596.00	SPARKLIGHT
A/P	212780	04/22/26	11,200.00	SPECIALTY PROFESSIONAL
A/P	212781	04/22/26	1,250.00	STANFORD VACUUM SERVICE
A/P	212782	04/22/26	95.29	STERIS CORPORATION
A/P	212783	04/22/26	4,800.00	SUMMIT PAIN AND WELLNESS

RUN DATE:04/20/26
TIME:10:21

MEMORIAL MEDICAL CENTER
CHECK REGISTER
04/22/26 THRU 04/22/26

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GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	212784	04/22/26	6,925.00	TEXAS A&M HEALTH SCIENCE CENTE
A/P	212785	04/22/26	46.28	TREVIPAY- WALMART
A/P	212786	04/22/26	511.72	TRIOSE, INC
A/P	212787	04/22/26	.00	VOIDED
A/P	212788	04/22/26	27,364.60	UNIFIRST HOLDINGS INC
A/P	212789	04/22/26	2,298.87	WERFEN USA LLC
A/P	212790	04/22/26	1,000.00	YOUR PHONE GUYS LLC
A/P	212791	04/22/26	1,407.00	ZIMMER US, INC.
A/P	212792	04/22/26	1,224.00	BROADMOOR AT CREEKSIDE PARK
A/P	212793	04/22/26	223,580.14	GOLDENCREEK HEALTHCARE
A/P	212794	04/22/26	4,062.32	LAVACA BAY NURSING AND REHAB
A/P	212795	04/22/26	82,961.40	TUSCANY VILLAGE
TOTALS:			599,969.76	

288,141.90 * — payables
1,224.00 * — Broadmoor
223,580.14 * — golden creek
4,062.32 * — lavaca bay
82,961.40 * — tuscan y
599,969.76 *

Account Number [REDACTED]
Unique ID: [REDACTED]
ERIN CLEVINGER ✓
Statement Date : 04-06-2026



Account Summary		General Information	
Previous Balance	\$0.00	Total Activity	\$6,215.83
Purchases and Other Charges	\$6,215.83	QUESTIONS OR TO REPORT A LOST OR STOLEN CARD, CALL CUSTOMER SERVICE 1-800-344-5696	
Cash Advances	\$0.00		
Cash Advance Fees	\$0.00		
Late Payment Charges	\$0.00		
Credits	\$0.00 CR		
Payments	\$0.00 PY		
Total Activity	\$6,215.83 ✓		
Disputed Amount	\$0.00		

New Activity

Post Date	Tran Date	Reference Number	Transaction Description	Amount
03-13	03-12	05134376072600063594040	NPDB NPDB.HRSA.GOV ROCKVILLE MD	35.00 ✓
03-13	03-12	05134376072600063594123	NPDB NPDB.HRSA.GOV ROCKVILLE MD	37.50 ✓
03-16	03-13	55457376073284800325803	TEXAS HOSPITAL ASSOC AUSTIN TX	965.00 ✓
03-24	03-23	75418236082253507205767	ACHE - MEMBER SERVICES CHICAGO IL	133.33 ✓
03-26	03-24	55457376084289293257154	TEXAS HOSPITAL ASSOC AUSTIN TX	4,830.00 ✓
03-30	03-27	25247806086005139114165	VC MARKETPLACE VICTORIA TX	50.00 ✓
04-02	04-01	05134376092600109949725	NPDB NPDB.HRSA.GOV ROCKVILLE MD	15.00 ✓
04-03	04-02	12302026092000406035075	2026 MID-COAST HURRICA SAN ANTONIO TX	150.00 ✓

APPROVED ON
APR 16 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CORPORATE PAYMENT SYSTEMS
P.O. BOX 6343
FARGO, ND 58125-6343

Account Number: [REDACTED]
Unique ID: [REDACTED]
Amount Due: \$0.00

****MEMO STATEMENT ONLY**
DO NOT REMIT PAYMENT**

106481809381914 S
ERIN CLEVINGER
MEMORIAL MEDICAL
202 S ANN STREET
SUITE A
PORT LAVACA TX 77979-4204

1

MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

Vendor Name: US Bank

Date: 4/9/2026

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required	Expense #	Department	Deliver To			
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		NPDB X 14 Renewals Providers	2.50	each	35.00
2	—		NPDB X 15 Renewals Providers	2.50	each	37.50
3	—		Texas Hospital Assoc. - Registration			965.00
4			for the CAH "Conditions of Participation			
5			Ensuring Compliance 2026			
6	1		Webinar Series 5/12 - 4/18/2026			
7	—		ACHE - Member Services		yearly	133.33
8			Erin's membership renewal			
9	—		THA - Trustees Conference Registration			4830.00
10			for Erin, Jack Wu, Vronne Felkins, Sara Rubio, Vicki Lilly + Anne Marie Odey (she reimburses hospital)			

Est. Freight _____ Est. Total Cost _____ TOTAL COST _____

NOTES:

charges made to Erin Clewenger's MC

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

Dept. Director	_____
Dir. Nursing	_____
Dir. Clinical Services	_____
CFO	<u>[Signature]</u>
Administrator	<u>[Signature]</u>

2

MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

Vendor Name: US Bank ✓
Vendor Address: _____
Vendor Phone #: _____
Vendor Fax #: _____

Date: 4/9/2026
P.O. # _____
Account # _____
Initiated By: _____

Form # 9401

Date Required	Expense #	Department	Deliver To			
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—	Sariah Rubio Andrie Flores	VC Marketplace - Victoria			50.00 ✓
2			College Career Fair - HR ^{3/27}			
3	—		NPPB - X 6 Providers (Renewals) ^{2.50 each}			15.00 ✓
4	—		Mid-Coast Hurricane + Disaster			150.00 ✓
5			Conference - Kyle Daniel			
6			↳ 4/15-4/16, Victoria Comm. Center			35.00 +
7						37.50 +
8						965.00 +
9						133.33 +
10						4,830.00 +
						50.00 +
						15.00 +
						150.00 +
						6,215.83 +

Est. Freight _____ Est. Total Cost _____ TOTAL COST _____

NOTES:

changes made to Erin Clevenger's MC ✓

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

Dept. Director	_____
Dir. Nursing	_____
Dir. Clinical Services	_____
CFO	_____
Administrator	<u>[Signature]</u>

Account Number : [REDACTED]
Unique ID: [REDACTED]
MICHELLE CUMBERLAND ✓
Statement Date : 04-06-2026



Account Summary	
Previous Balance	\$0.00
Purchases and Other Charges	\$1,893.49
Cash Advances	\$0.00
Cash Advance Fees	\$0.00
Late Payment Charges	\$0.00
Credits	\$0.00 CR
Payments	\$0.00 PY
Total Activity	\$1,893.49 ✓
Disputed Amount	\$0.00

General Information	
Total Activity	\$1,893.49
QUESTIONS OR TO REPORT A LOST OR STOLEN CARD, CALL CUSTOMER SERVICE 1-800-344-5696	

New Activity

Post Date	Tran Date	Reference Number	Transaction Description	Amount
03-11	03-10	55432866069202642496778	SQ *THE FIBER OPTIC MA QUAKERTOWN PA	1,655.00 ✓ 40610080
04-02	04-02	55432866092200695802315	FAXAGE DENVER CO	238.49 ✓ 40510080

APPROVED ON
APR 16 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CORPORATE PAYMENT SYSTEMS
P.O. BOX 6343
FARGO, ND 58125-6343

Account Number: [REDACTED]
Unique ID: [REDACTED]
Amount Due: \$0.00

MEMO STATEMENT ONLY
DO NOT REMIT PAYMENT

106481809381951 S
MICHELLE CUMBERLAND
MEMORIAL MEDICAL
202 S ANN STREET
SUITE A
PORT LAVACA TX 77979-4204

MEMORIAL MEDICAL CENTER PURCHASE ORDER

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

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

Vendor Name: US Bank
Vendor Address: _____
Vendor Phone #: _____
Vendor Fax #: _____

Date: 4/9/2026
P.O. # _____
Account # _____
Initiated By: _____

Form # 9401

Date Required		Expense #	Department	Deliver To	Form # 9401	
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	-		The Fiber Optic - Registration	77-6-210- 7-7-210		1,655.00
2			Training for Casey Newman, IT			
3	-		Faxage - Fax Lines Invoices			238.49
4			3/1/26 - 3/31/26			
5						
6						
7						
8						
9						1,655.00 +
10						238.49 +
						1,893.49 +

Est. Freight _____ Est. Total Cost _____ TOTAL COST _____

NOTES:

charges made to Michelle Cumberland's MC

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

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator <u>[Signature]</u>

Wire Transfer

DWR-04105290 - COUNTY OF CALHOUN TEXAS (COUNT1923)



Wire Details

Transaction Number DWR-04105290
Recurring Frequency One-Time Payment
Template Name US BANK STATE PRGRM -MMC CARDS
Amount USD 8,109.32
Debit Account *4357 - DDA (MEMORIAL MEDICAL - OPERATING) - Prosperity Bank (113122655)
Notify Initiator Options Pending Actions: Notify via EMAIL
Pending Release: Notify via EMAIL
Pending Processing: Notify via EMAIL
System Events: Notify via EMAIL
Complete - Unsuccessful: Notify via EMAIL
Complete - Successful: Notify via EMAIL
Early Action Taken: Notify via EMAIL
Early Action Removed: Notify via EMAIL
Expired: Notify via EMAIL
Payment Date 04/24/2026

Originator Information

Originator Name COUNTY OF CALHOUN TEXAS
Originator Address 1 202 S ANN STREET, SUITE A 202 S ANN
Originator Address 2 PORT LAVACA, TX 77979 US
Originator Address 3

Beneficiary / Payee Information

Beneficiary Bank Information

SYSTEM Name U.S. BANK CORPORATE PAYMENT
Beneficiary ID Type Account Number
Beneficiary ID [REDACTED]
Address 1 3180 RIDER TRAIL S
Address 2 DEPARTMENT 790428
Address 3 EARTH CITY, MO 63045
Beneficiary Country US
Contact Name
Phone Number

Name U.S. BANK NATIONAL ASSOCIATION
Beneficiary Bank ID Type Fed ABA
Beneficiary Bank ID [REDACTED]
Address 1
Address 2
Address 3
Intl Routing Number
Beneficiary Bank Country US

Additional Reference Information

Purpose Of Payment

Additional Information For Beneficiary [REDACTED]

Status History

Timestamp	Status	Initiator	Description
Apr 24, 2026 1:58:04 PM CDT	Created	COUNT1923 / CalCo9275 (RHONDA S. KOKENA)	Wire Created.

MCKESSON

STATEMENT

As of: 04/17/2026

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: 04/18/2026

As of: 04/17/2026 Page: 002
 Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Cust: 632536 PLEASE CHECK ANY
 Date: 04/18/2026 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: 473,539.46 USD

Future Due: 0.00

If Paid By 04/21/2026,

Due If Paid On Time:

USD 464,076.77 ✓

Past Due: 0.00

Pay This Amount:

464,076.77 USD

Disc lost if paid late:

9,462.69

Last Payment 08/07/2017 2,451.97

If Paid After 04/21/2026,
 Pay this Amount:

473,539.46 USD

Due If Paid Late:

USD 473,539.46

463,992.26 *

84.51 *

464,076.77 *

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 04/17/2026

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplID:
Territory: 7001

APPROVED ON

Customer: 256342
Date: 04/18/2026

APR 20 2026

As of: 04/17/2026 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Cust: 256342 PLEASE CHECK ANY
Date: 04/18/2026 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											
04/13/2026	04/21/2026	7629094046 ✓	277356336	115Invoice	0.02	0.95		0.93 ✓		7629094046	
04/13/2026	04/21/2026	7629094047 ✓	274962180	115Invoice	6.72	335.83		329.11 ✓		7629094047	
04/13/2026	04/21/2026	7629094048 ✓	275343745	115Invoice	13.43	671.65		658.22 ✓		7629094048	
04/13/2026	04/21/2026	7629094049 ✓	275520862	115Invoice	20.15	1,007.48		987.33 ✓		7629094049	
04/13/2026	04/21/2026	7629094050 ✓	271457839	115Invoice	0.02	0.95		0.93 ✓		7629094050	
04/13/2026	04/21/2026	7629094051 ✓	272769782	115Invoice	6.17	308.49		302.32 ✓		7629094051	
04/13/2026	04/21/2026	7629094052 ✓	276955777	115Invoice	5.44	271.76		266.32 ✓		7629094052	
04/13/2026	04/21/2026	7629168670 ✓	268808089	115Invoice	94.34	4,716.94		4,622.60 ✓		7629168670	
04/13/2026	04/21/2026	7629168671 ✓	277028251	115Invoice	138.86	6,943.18		6,804.32 ✓		7629168671	
04/13/2026	04/21/2026	7629168672 ✓	275277178	115Invoice	141.51	7,075.41		6,933.90 ✓		7629168672	
04/13/2026	04/21/2026	7629168673 ✓	277106399	115Invoice	69.43	3,471.67		3,402.24 ✓		7629168673	
04/13/2026	04/21/2026	7629168674 ✓	267685059	115Invoice	94.34	4,716.94		4,622.60 ✓		7629168674	
04/13/2026	04/21/2026	7629168675 ✓	261538594	115Invoice	63.75	3,187.35		3,123.60 ✓		7629168675	
04/13/2026	04/21/2026	7629168676 ✓	263114946	115Invoice	102.05	5,102.63		5,000.58 ✓		7629168676	
04/13/2026	04/21/2026	7629168677 ✓	257796446	115Invoice	102.05	5,102.63		5,000.58 ✓		7629168677	
04/13/2026	04/21/2026	7629168678 ✓	262463097	115Invoice	221.11	11,055.70		10,834.59 ✓		7629168678	
04/13/2026	04/21/2026	7629174454 ✓	269899287	115Invoice	141.51	7,075.41		6,933.90 ✓		7629174454	
04/13/2026	04/21/2026	7629174459 ✓	267402757	115Invoice	94.34	4,716.94		4,622.60 ✓		7629174459	
04/13/2026	04/21/2026	7629174464 ✓	267279222	115Invoice	46.08	2,303.78		2,257.70 ✓		7629174464	
04/13/2026	04/21/2026	7629174468 ✓	258957701	115Invoice	17.73	886.33		868.60 ✓		7629174468	
04/13/2026	04/21/2026	7629174470 ✓	273681679	115Invoice	94.34	4,716.94		4,622.60 ✓		7629174470	
04/13/2026	04/21/2026	7629174475 ✓	272769782	115Invoice	141.51	7,075.41		6,933.90 ✓		7629174475	
04/13/2026	04/21/2026	7629174480 ✓	266513772	115Invoice	235.85	11,792.35		11,556.50 ✓		7629174480	
04/13/2026	04/21/2026	7629174485 ✓	266967335	115Invoice	117.92	5,896.17		5,778.25 ✓		7629174485	
04/13/2026	04/21/2026	7629174490 ✓	266900082	115Invoice	141.51	7,075.41		6,933.90 ✓		7629174490	
04/13/2026	04/21/2026	7629174493 ✓	270672562	115Invoice	424.52	21,226.22		20,801.70 ✓		7629174493	
04/13/2026	04/21/2026	7629174500 ✓	272208621	115Invoice	94.34	4,716.94		4,622.60 ✓		7629174500	
04/13/2026	04/21/2026	7629174503 ✓	270345914	115Invoice	283.02	14,150.82		13,867.80 ✓		7629174503	
04/13/2026	04/21/2026	7629177422 ✓	270513841	115Invoice	141.51	7,075.41		6,933.90 ✓		7629177422	
04/13/2026	04/21/2026	7629177423 ✓	267933105	115Invoice	70.75	3,537.70		3,466.95 ✓		7629177423	
04/13/2026	04/21/2026	7629177424 ✓	267623256	115Invoice	141.51	7,075.41		6,933.90 ✓		7629177424	

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 04/17/2026

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

As of: 04/17/2026
Mail to: Page: 002
Comp: 8000

Customer: 256342
Date: 04/18/2026

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

APPROVED ON

APR 20 2026

Cust: 256342
Date: 04/18/2026 PLEASE CHECK ANY
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	
04/13/2026	04/21/2026	7629177425 ✓	277356336	115Invoice	104.15	5,207.39		5,103.24 ✓		7629177425	
04/13/2026	04/21/2026	7629177426 ✓	266392672	115Invoice	0.05	2.56		2.51 ✓		7629177426	
04/13/2026	04/21/2026	7629177427 ✓	276192034	115Invoice	235.85	11,792.35		11,556.50 ✓		7629177427	
04/13/2026	04/21/2026	7629177428 ✓	268336936	115Invoice	94.34	4,716.94		4,622.60 ✓		7629177428	
04/13/2026	04/21/2026	7629177429 ✓	271771721	115Invoice	141.51	7,075.41		6,933.90 ✓		7629177429	
04/13/2026	04/21/2026	7629177430 ✓	274285637	115Invoice	141.51	7,075.41		6,933.90 ✓		7629177430	
04/13/2026	04/21/2026	7629181007 ✓	268497698	115Invoice	235.85	11,792.35		11,556.50 ✓		7629181007	
04/13/2026	04/21/2026	7629181008 ✓	269732013	115Invoice	23.04	1,151.89		1,128.85 ✓		7629181008	
04/13/2026	04/21/2026	7629181009 ✓	263456164	115Invoice	102.05	5,102.63		5,000.58 ✓		7629181009	
04/13/2026	04/21/2026	7629181010 ✓	263677896	115Invoice	17.73	886.33		868.60 ✓		7629181010	
04/13/2026	04/21/2026	7629181011 ✓	264303846	115Invoice	136.07	6,803.51		6,667.44 ✓		7629181011	
04/13/2026	04/21/2026	7629181012 ✓	263185417	115Invoice	17.73	886.33		868.60 ✓		7629181012	
04/13/2026	04/21/2026	7629181013 ✓	265290014	115Invoice	70.75	3,537.70		3,466.95 ✓		7629181013	
04/13/2026	04/21/2026	7629181014 ✓	273431674	115Invoice	141.51	7,075.41		6,933.90 ✓		7629181014	
04/13/2026	04/21/2026	7629181015 ✓	264523158	115Invoice	0.03	1.60		1.57 ✓		7629181015	
04/13/2026	04/21/2026	7629181016 ✓	264907684	115Invoice	17.73	886.32		868.59 ✓		7629181016	
04/13/2026	04/21/2026	7629181017 ✓	259097612	115Invoice	68.04	3,401.80		3,333.76 ✓		7629181017	
04/13/2026	04/21/2026	7629181018 ✓	258576178	115Invoice	68.04	3,401.80		3,333.76 ✓		7629181018	
04/13/2026	04/21/2026	7629181019 ✓	271531425	115Invoice	23.04	1,151.89		1,128.85 ✓		7629181019	
04/13/2026	04/21/2026	7629181020 ✓	269576960	115Invoice	141.51	7,075.41		6,933.90 ✓		7629181020	
04/13/2026	04/21/2026	7629181021 ✓	274863996	115Invoice	141.51	7,075.41		6,933.90 ✓		7629181021	
04/13/2026	04/21/2026	7629181022 ✓	253900242	115Invoice	17.01	850.44		833.43 ✓		7629181022	
04/13/2026	04/21/2026	7629181023 ✓	268201079	115Invoice	94.34	4,716.94		4,622.60 ✓		7629181023	
04/13/2026	04/21/2026	7629181024 ✓	268093661	115Invoice	117.92	5,896.17		5,778.25 ✓		7629181024	
04/13/2026	04/21/2026	7629181025 ✓	257957188	115Invoice	68.04	3,401.80		3,333.76 ✓		7629181025	
04/13/2026	04/21/2026	7629181026 ✓	267527130	115Invoice	23.04	1,151.89		1,128.85 ✓		7629181026	
04/13/2026	04/21/2026	7629181027 ✓	261938211	115Invoice	68.04	3,401.80		3,333.76 ✓		7629181027	
04/13/2026	04/21/2026	7629181028 ✓	262123832	115Invoice	17.73	886.33		868.60 ✓		7629181028	
04/13/2026	04/21/2026	7629181029 ✓	267462055	115Invoice	70.75	3,537.70		3,466.95 ✓		7629181029	
04/13/2026	04/21/2026	7629181030 ✓	274365325	115Invoice	448.11	22,405.46		21,957.35 ✓		7629181030	
04/13/2026	04/21/2026	7629181031 ✓	274431663	115Invoice	212.26	10,613.11		10,400.85 ✓		7629181031	

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 04/17/2026

Page: 003

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

APPROVED ON

APR 20 2026

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 04/18/2026

As of: 04/17/2026
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 04/18/2026

PLEASE CHECK ANY
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	
04/13/2026	04/21/2026	7629181032 ✓	276955777	115Invoice	208.30	10,414.78		10,206.48 ✓		7629181032	
04/13/2026	04/21/2026	7629193128 ✓	261466304	115Invoice	102.05	5,102.63		5,000.58 ✓		7629193128	
04/13/2026	04/21/2026	7629193129 ✓	265500088	115Invoice	235.85	11,792.35		11,556.50 ✓		7629193129	
04/13/2026	04/21/2026	7629193130 ✓	266153956	115Invoice	283.02	14,150.82		13,867.80 ✓		7629193130	
04/13/2026	04/21/2026	7629193131 ✓	266008206	115Invoice	259.43	12,971.58		12,712.15 ✓		7629193131	
04/13/2026	04/21/2026	7629193132 ✓	268657629	115Invoice	70.75	3,537.70		3,466.95 ✓		7629193132	
04/13/2026	04/21/2026	7629193133 ✓	276039176	115Invoice	160.28	8,014.18		7,853.90 ✓		7629193133	
04/13/2026	04/21/2026	7629193134 ✓	274962180	115Invoice	85.41	4,270.61		4,185.20 ✓		7629193134	
04/13/2026	04/21/2026	7629193135 ✓	275875166	115Invoice	283.02	14,150.82		13,867.80 ✓		7629193135	
04/13/2026	04/21/2026	7629193136 ✓	275941871	115Invoice	141.51	7,075.41		6,933.90 ✓		7629193136	
04/13/2026	04/21/2026	7629193137 ✓	267044610	115Invoice	447.56	22,378.11		21,930.55 ✓		7629193137	
04/13/2026	04/21/2026	7629193138 ✓	267200657	115Invoice	188.68	9,433.88		9,245.20 ✓		7629193138	
04/13/2026	04/21/2026	7629193139 ✓	254201609	115Invoice	102.05	5,102.63		5,000.58 ✓		7629193139	
04/13/2026	04/21/2026	7629193140 ✓	273126067	115Invoice	141.51	7,075.41		6,933.90 ✓		7629193140	
04/13/2026	04/21/2026	7629193141 ✓	271610641	115Invoice	94.34	4,716.94		4,622.60 ✓		7629193141	
04/13/2026	04/21/2026	7629193142 ✓	273290626	115Invoice	141.51	7,075.41		6,933.90 ✓		7629193142	
04/13/2026	04/21/2026	7629193143 ✓	263292205	115Invoice	102.05	5,102.63		5,000.58 ✓		7629193143	
04/13/2026	04/21/2026	7629193144 ✓	266741090	115Invoice	0.16	7.92		7.76 ✓		7629193144	
04/13/2026	04/21/2026	8901298919 ✓	0136041901	Addbill INV		407.48		407.48		8901298919	
04/14/2026	04/21/2026	7629367878 ✓	277610504	115Invoice	2.36	118.22		115.86 ✓		7629367878	
04/14/2026	04/21/2026	7629367879 ✓	273126067	115Invoice	20.15	1,007.48		987.33 ✓		7629367879	
04/14/2026	04/21/2026	7629367880 ✓	273193032	115Invoice	6.72	335.83		329.11 ✓		7629367880	
04/14/2026	04/21/2026	7629367881 ✓	272769782	115Invoice	6.17	308.49		302.32 ✓		7629367881	
04/15/2026	04/21/2026	7629617953 ✓	277775692	115Invoice	5.44	271.76		266.32 ✓		7629617953	
04/15/2026	04/21/2026	7629617954 ✓	277707170	115Invoice	2.88	144.12		141.24 ✓		7629617954	
04/15/2026	04/21/2026	7629617955 ✓	272769782	115Invoice	6.17	308.49		302.32 ✓		7629617955	
04/16/2026	04/21/2026	7629846177 ✓	277871374	115Invoice	5.11	255.41		250.30 ✓		7629846177	
04/16/2026	04/21/2026	7629846178 ✓	277028251	115Invoice	1.48	74.12		72.64 ✓		7629846178	
04/16/2026	04/21/2026	7629846179 ✓	277871374	115Invoice	16.69	834.40		817.71 ✓		7629846179	
04/17/2026	04/21/2026	7630087350 ✓	276876659	115Invoice	1.46	73.11		71.65 ✓		7630087350	
04/17/2026	04/21/2026	7630087351 ✓	278023847	115Invoice	2.88	144.12		141.24 ✓		7630087351	

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

MCKESSON

STATEMENT

As of: 04/17/2026

Page: 004

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: 04/18/2026

As of: 04/17/2026 Page: 004
 Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Cust: 256342 PLEASE CHECK ANY
 Date: 04/18/2026 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	
04/17/2026	04/21/2026	7630087352 ✓	278093724	115Invoice	10.87	543.51		532.64 ✓		7630087352	

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: 473,453.23 USD

Future Due: 0.00

If Paid By 04/21/2026,

Pay This Amount: 463,992.26 USD

Due If Paid On Time:

USD 463,992.26

Past Due: 0.00

Disc lost if paid late:

9,460.97

Last Payment 04/13/2026 12,215.87

If Paid After 04/21/2026,

Pay this Amount: 473,453.23 USD

Due If Paid Late:

USD 473,453.23

APPROVED ON

APR 20 2026

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 04/17/2026

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: 04/18/2026

As of: 04/17/2026 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 PLEASE CHECK ANY
Date: 04/18/2026 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 820405 HEB PHCY WHSE/MEM MED PHS											
04/16/2026	04/21/2026	7629661797 ✓	B2604-055-330057	115Invoice	1.72	86.23		84.51 ✓		7629661797	

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: 86.23 USD

Future Due: 0.00

If Paid By 04/21/2026,

Pay This Amount: 84.51 USD

Due If Paid On Time:

USD 84.51

Past Due: 0.00

Disc lost if paid late:

1.72

Last Payment 12,215.87
04/13/2026

If Paid After 04/21/2026,
Pay this Amount:

86.23 USD

Due If Paid Late:

USD 86.23

APPROVED ON

APR 20 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	Customer Number 100135284 / 037028186 Terms Sat - Fri Due in 7 days Summary Not Yet Due: 0.00 Current: 276.45 Past Due: 0.00 Total Due: 276.45 Account Balance: 276.45
Remit To: AMERISOURCEBERGEN PO Box 905223 CHARLOTTE NC 28290-5223		

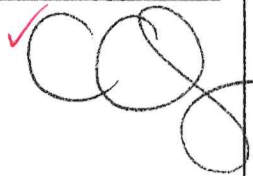
Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
04-13-2026	04-24-2026	3247940757	7011792454	Invoice	247.16		0.00	247.16
04-14-2026	04-24-2026	3248100499	7011801399	Invoice	11.79		0.00	11.79
04-15-2026	04-24-2026	3248173515	7011806419	Invoice	4.96		0.00	4.96
04-16-2026	04-24-2026	3248371946	7011811739	Invoice	11.37		0.00	11.37
04-17-2026	04-24-2026	3248513767	7011816303	Invoice	1.17		0.00	1.17

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
276.45	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
04-13-2026	(269.41)
04-17-2026	(1,477.78)

Reminders	
Due Date	Amount
04-24-2026	276.45
Total Due:	276.45

APPROVED ON
APR 20 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.

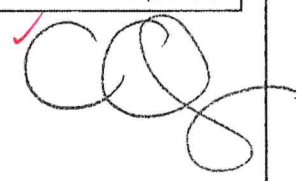
Serviced By: AMERISOURCEBERGEN DRUG CORP 501 PATRIOT PARKWAY ROANOKE TX 76262-6336 DEA: RA0316958 866-451-9655	Customer: WALGREENS CENTRAL FILL #21373 340B MEMORIAL MEDICAL CENTER 4100 DALE EARNHARDT WAY 200 NORTHLAKE TX 76262-2389	Customer Number 100566356 / 100566356 Terms Sat - Fri Due in 7 days Summary Not Yet Due: 0.00 Current: 2,367.47 Past Due: 0.00 Total Due: 2,367.47 Account Balance: 2,367.47
Remit To: AMERISOURCEBERGEN PO Box 978740 DALLAS TX 75397-8740		

Account Activity								
Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
04-13-2026	04-24-2026	3247925628	7011792793 ✓	Invoice	1,537.38		0.00	1,537.38 ✓
04-14-2026	04-24-2026	3248136684	7011806504 ✓	Invoice	147.22		0.00	147.22 ✓
04-15-2026	04-24-2026	370084862	7011265987 ✓	Invoice	(0.31)		0.00	(0.31) ✓
04-15-2026	04-24-2026	370084863	7011265987 ✓	Invoice	680.67		0.00	680.67 ✓
04-16-2026	04-24-2026	3248415211	7011816354 ✓	Invoice	2.51		0.00	2.51 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
2,367.47	0.00	0.00	0.00	0.00	0.00	0.00

Reminders	
Due Date	Amount
04-24-2026	2,367.47
Total Due:	2,367.47

APPROVED ON
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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 FEE PHONE NUMBER: 1-800-555-3453

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

<input type="checkbox"/>	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	####	ENTER:	
<input type="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"	★		\$ 126,602.43 #
	"1 TO CONFIRM"			1
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0		\$ 66,261.46 #
	"ENTER W/CENTS AMOUNT OF MEDICARE"			\$ 15,496.64 #
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"			\$ 44,844.33 #
<input type="checkbox"/>	"6-DIGIT SETTLEMENT DATE"	★		
	"1 TO CONFIRM"			1
<input type="checkbox"/>	ACKNOWLEDGEMENT NUMBER			

CALLED IN BY:

CALLED IN DATE:

CALLED IN TIME:

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

ENTER VOID CKS AS NEGATIVE NUMBERS

PAY PERIOD: BEGIN	4/3/2026	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: END	4/16/2026					
PAY DATE:	4/24/2026					
GROSS PAY:	\$ 571,182.78			\$ -		\$ 571,182.78
DEDUCTIONS:						
A/R	\$ 497.01					\$ 497.01
ADVANC						\$ -
BOOTS						\$ -
MUTUAL CRITICAL ILLNESS						\$ -
MUTUAL ACCIDENT						\$ -
IRS TAX						\$ -
MUTUAL SHORT TERM DIS						\$ -
MUTUAL VISION	\$ 800.80					\$ 800.80
CAFÉ-D	\$ 1,317.45					\$ 1,317.45
CAFÉ-H	\$ 29,603.61					\$ 29,603.61
	\$ -					\$ -
	\$ -					\$ -
CAFÉ-P						\$ -
CANCER						\$ -
CHILD	\$ -					\$ -
CLINIC						\$ -
COMBIN	\$ 228.60					\$ 228.60
CREDUN	\$ -					\$ -
DENTAL	\$ -					\$ -
DEP-LF						\$ -
MUTUAL TERM LIFE	\$ 1,211.63					\$ 1,211.63
MUTUAL HOSP INDEM	\$ 725.00					\$ 725.00
FED TAX	\$ 44,844.33					\$ 44,844.33
FICA-M	\$ 7,748.32					\$ 7,748.32
FICA-O	\$ 33,130.73					\$ 33,130.73
FICA-M ADDITIONAL						\$ -
FIRST C						\$ -
FLEX S	\$ 4,199.24					\$ 4,199.24
FLX-FE	\$ -					\$ -
GIFT S	\$ 206.35					\$ 206.35
MUTUAL CRITICAL ILLNESS	\$ 936.40					\$ 936.40
MUTUAL ACCIDENT	\$ 669.86					\$ 669.86
MUTUAL SHORT TERM DIS	\$ 1,891.70					\$ 1,891.70
LEGAL	\$ 1,042.93					\$ 1,042.93
OTHER	\$ 3,886.64					\$ 3,886.64
NATIONAL FARM LIFE	\$ 1,535.91					\$ 1,535.91
MED SURCHARGE						\$ -
Blank						\$ -
RELAY						\$ -
REPAY						\$ -
STONEDF	\$ 895.00					\$ 895.00
STONE						\$ -
STONE 2						\$ -
STUDEN						\$ -
TSA-R	\$ 38,470.80					\$ 38,470.80
UW/HOS	\$ -					\$ -
TOTAL DEDUCTIONS:	\$ 173,842.31	\$ -	\$ -	\$ -	\$ -	\$ 173,842.31
NET PAY:	\$ 397,340.47	\$ -	\$ -	\$ -	\$ -	\$ 397,340.47

TOTAL CAFÉ 125 PLAN:	\$ 36,816.10	Less Exempt:	
TAXABLE PAY:	\$ 534,366.68	\$ 534,366.68	Exempt Amt:

	CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45% \$ 7,748.32		
FICA - MED (EE)	1.45% \$ 7,748.32	\$ 7,748.32	\$ -
FICA - SOC SEC (ER)	6.20% \$ 33,130.73		
FICA - SOC SEC (EE)	6.20% \$ 33,130.73	\$ 33,130.73	\$ -
FED WITHHOLDING	\$ 44,844.33	\$ 44,844.33	\$ -

Employees over FICA-SS Cap:

Paycode S - Employee Reimb.:

TOTAL: _____

TAX DEPOSIT:	\$ 126,602.43	\$ 126,602.43
FICA - MEDICARE	2.90% \$ 15,496.64	\$ 15,496.64
FICA - SOCIAL SECURITY	12.40% \$ 66,261.46	\$ 66,261.46
FED WITHHOLDING	\$ 44,844.33	\$ 44,844.33
TOTAL TAX:	\$ 126,602.43	\$ 126,602.43

PREPARED BY: Andrie Flores
PREPARED DATE: 4/20/2026

Run Date: 04/19/26
Time: 13:46

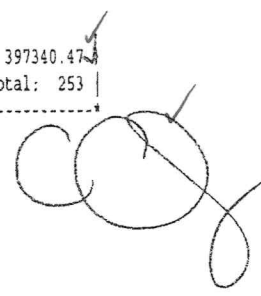
MEMORIAL MEDICAL CENTER
Payroll Register (Bi-Weekly)
Pay Period 04/03/26 - 04/16/26 Run# 1

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P2REG

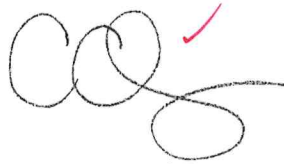
Final Summary

*-- Pay Code Summary				*-- Deductions Summary			
PayCd	Description	Hrs	OT SH WB HO CB	Gross	Code	Amount	
1	REGULAR PAY-S1	9313.00	N N N	233851.34	A/R	322.01	A/R2 175.00
1	REGULAR PAY-S1	1778.75	N N N N	93398.70	ADVANC	AWARDS	BADGE 20.00
1	REGULAR PAY-S1	185.75	N Y	7748.14	BCBSVI	BOOTS	CAFE H
1	REGULAR PAY-S1	146.50	Y N N	6228.80	CAFE-1	CAFE-2	CAFE-3
2	REGULAR PAY-S2	2282.75	N N N	67647.74	CAFE-4	CAFE-5	CAFE-C
2	REGULAR PAY-S2	149.00	N N Y	7069.20	CAFE-D	CAFE-F	CAFE-H 29603.61
2	REGULAR PAY-S2	57.50	Y N N	2131.56	CAFE-I	CAFE-L	CAFE-P
3	REGULAR PAY-S3	1559.00	N N N	54945.50	CANCER	CHILD	CLINIC
3	REGULAR PAY-S3	126.00	N Y	6311.13	COMBIN	CREDUN	DD ADV
3	REGULAR PAY-S3	111.75	Y N N	5211.24	DENTAL	DEP-LF	DIS-LF
4	CALL BACK PAY	6.00	N 1 N N Y	248.81	EAT	EATCSH	FEDTAX 44844.33
4	CALL BACK PAY	5.00	N 2 N N Y	323.98	FICA-M	FICA-O	FIRSTC 33130.73
4	CALL BACK PAY	4.00	N 3 N N Y	263.18	FLEX S	FLX FE	FORT D
4	CALL BACK PAY	1.00	Y 2 N N Y	97.19	PUTA	GIFT S	GRANT 206.35
C	CALL PAY	2532.00	N 1 N N	5064.00	GRP-IN	GTL	HOSP-I
D	DOUBLE TIME	4.00	N 2 N N	336.00	HSA	MD TPT	IRSTAX
D	DOUBLE TIME	8.00	N 3 N N	688.00	LEAP	LEGAL	MASA 221.43 821.50
E	EXTRA WAGES		N N N N	29822.65	MEALS	METVIS	MISC
E	EXTRA WAGES		N 1 N N N	1478.50	MISC/	MMCSHR	MOOACC 669.86
F	FUNERAL LEAVE	32.00	N 1 N N	445.60	MOOILL	MOOIND	MOOLIF 725.00 1211.63
I	INSERVICE	53.00	N 1 N N	2472.46	MOOSTD	MOOVIS	MOATFML 800.80 1535.91
K	EXTENDED-ILLNESS-BANK	256.00	N 1 N N	9809.80	OTHER	PHI	PHI***
P	PAID-TIME-OFF	1233.25	N 1 N N	34841.00	PR FIN	RELAY	REPAY
X	CALL PAY 2	134.00	N 1 N N	268.00	SAMS	SCRUBS	SIGNON
Z	CALL PAY 3	48.00	N 1 N N	144.00	ST-TX	STONDF	STONE 895.00
p	PAID TIME OFF - PROBATION	22.00	N 1 N N	336.26	STONE2	STUDEN	SUNACC
					SUNILL	SUNIND	SUNLIF
					SUNSTD	SUNVIS	SURCHG
					TSA-1	TSA-2	TSA-C
					TSA-P	TSA-R	TUTION 38470.80
					UNIFOR	UW/HOS	

----- Grand Totals: 20048.25 ----- (Gross: 571182.78 Deductions: 173842.31 Net: 397340.47)
 | Checks Count:- PT 196 PT 13 Other 45 Female 232 Male 21 Credit OverAmt 14 ZeroNet Term Total: 253 |



8223	76351	1	1	0	2026	100003322	0	4/13/2026	540,578.15	1	TRUESCRIPTS MANAGEMENT SERVICE LLC	P	517	0		PCS	F	3/23/2026	4/5/2026	464334244
8224	76351	2	5	0	2026	72001198	0	4/13/2026	\$155.00	1	HPCMS LLC	P	604	0		CASE	F	2/18/2026	2/25/2026	271837628
8225	76351	2	33	0	2026	86000484	0	4/13/2026	\$213.98	1	BCM PHYSICIANS	P	457	0		OVS	F	3/20/2026	3/20/2026	300791563
8226	76351	2	5	0	2026	82000128	0	4/13/2026	\$270.30	1	PHYSICIANS REFERRAL SERVICE	P	188	0		HV	F	3/9/2026	3/9/2026	760273984
8227	76351	3	9	1	2026	98000128	0	4/13/2026	\$12.02	1	GULF COAST CARDIOLOGY GROUP OLLC	P	189	0		ERD	F	3/2/2026	3/2/2026	760403085
8228	76351	3	8	0	2026	86000478	0	4/13/2026	\$52.78	1	SINGLETON ASSOCIATES PA	P	181	0		XRAY	F	3/13/2026	3/13/2026	741680498
8229	76351	3	51	0	2026	86000503	0	4/13/2026	\$74.91	1	MSIWA LLC	P	172	0		AB	F	3/20/2026	3/21/2026	202536458
8230	76351	3	73	2	2026	85000390	0	4/13/2026	\$78.61	1	TEXAS ENT & ALLERGY ASSOCIATES	P	457	0		OVS	F	3/19/2026	3/19/2026	202972550
8232	76351	3	9	1	2026	92001552	0	4/13/2026	\$185.49	1	CHRISTUS TRINITY CLINIC TEXAS	P	457	0		OVS	F	3/25/2026	3/25/2026	752616977
8233	76351	3	42	4	2026	86000495	0	4/13/2026	\$288.10	1	ESS OF PORT LAVACA LLC	P	189	0		ERD	F	2/20/2026	2/20/2026	815248556
8234	76351	3	72	0	2026	72001242	0	4/13/2026	\$620.00	1	HPCMS LLC	P	604	0		CASE	F	2/2/2026	2/26/2026	271837628
8235	76351	3	62	0	2026	98000126	0	4/13/2026	\$698.17	1	OLEANDER EMERGENCY MED ASSOC PA	P	189	0		ERD	F	1/16/2026	1/16/2026	454288136
8236	76360	2	56	2	2026	85000392	0	4/13/2026	\$74.22	1	VICTORIA ORTHOPEDIC CENTER PLLC	P	457	0		OVS	F	3/23/2026	3/23/2026	260151734
8237	76360	3	74	2	2026	85000380	0	4/13/2026	\$49.94	1	ADU SPORTS MEDICINE CLINIC	P	457	0		OVS	F	3/24/2026	3/24/2026	273335355
8238	76360	3	94	0	2026	86000498	0	4/13/2026	\$49.94	1	ADU SPORTS MEDICINE CLINIC	P	457	0		OVS	F	3/25/2026	3/25/2026	273335355
8241	76360	3	60	0	2026	86000576	0	4/13/2026	\$112.94	1	FRANK S PARMA MD	P	177	0		OV	F	3/24/2026	3/24/2026	747608003
8242	76360	3	126	0	2026	92001407	0	4/13/2026	\$132.88	1	VICTORIA WOMENS CLINIC	P	177	0		OV	F	3/9/2026	3/9/2026	741831291
8243	76360	3	59	1	2026	98000183	0	4/13/2026	\$269.53	1	FAMILY CARE CENTER	P	360	0		POV	F	3/16/2026	3/16/2026	810970561
8244	76360	3	41	0	2026	86000497	0	4/13/2026	\$290.73	1	SINGLETON ASSOCIATES PA	P	181	0		XRAY	F	3/13/2026	3/13/2026	741680498
\$44,207.69																				



4/13/26

APPROVED ON

APR 20 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

SPECIAL REGISTER

8070	76351	3	72	0	2026	14000111	0	3/18/2026	\$13,522.79	1	TMH PHYSICIANS AND SURGEONS PLLC	P	485	0		INLM	F	12/22/2025	12/22/2025	455185756
8071	76351	3	72	0	2026	76000199	0	3/18/2026	\$6,405.00	1	HOUSTON METHODIST WEST HOSPITAL	P	485	0		INLM	F	12/22/2025	12/22/2025	760545192
									\$19,927.79											

3/18/26 

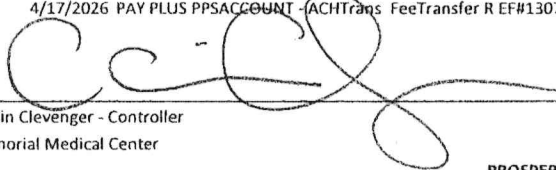
APPROVED ON

APR 20 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Apr 13, 2026 - Apr 19, 2026**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>	<u>CPSI "Handwritten" Check" #</u>	<u>GL number</u>
4/13/2026	IRS - USATAXPYMT 270650370962341	- Payroll Taxes	112,585.48 **	902344	FWT:2020000 FICA:20210000
4/13/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#129329134 129256503	- 3rd Party Payor Fee	24.13	902345	40440076
4/13/2026	HPHG LLC - PORT LAVA 90 DEGREE BENEFITS CLA IMS 3/30/26 MemMedCtr PtLav	- Health Insurance Claim Payments	2,926.59 **	902346	60320000
4/13/2026	AMERISOURCE BERG - PAYMENTS 100007768	- 340B Drug Program Expense	269.41 ***	902347	60310000
4/14/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#129691406 129563990	- 3rd Party Payor Fee	39.78	902348	40440076
4/14/2026	MCKESSON DRUG - AUTO ACH ACH06999298	- 340B Drug Program Expense	12,215.87 *	902349	60310000
4/15/2026	TEXAS COUNTY DRS DYNAMICS EFT DEPOSIT - RECEI VABLE 419	- Retirement Funding	89,967.24 *	902350	20260000
4/15/2026	TEXAS COUNTY DRS DYNAMICS EFT DEPOSIT - RECEI VABLE 419	- Retirement Funding	91,569.98 *	902351	20260000
4/15/2026	FDMS 00000000000000007478 - FDMS PYMT 52-210 0911-000	- Credit Card Machine Lease Fee	45.64	902352	40440076
4/15/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#130032938 129826396	- 3rd Party Payor Fee	119.64	902353	40440076
4/15/2026	Enhance Analysis Service Charge	- Bank Fees	171.80	902354	40910090
4/16/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#130354872 130193940	- 3rd Party Payor Fee	265.58	902355	40440076
4/17/2026	AMERISOURCE BERG - PAYMENTS 100007768	- 340B Drug Program Expense	1,477.78 *	902356	60310000
4/17/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#130798787 130571467	- 3rd Party Payor Fee	818.32	902357	40440076
			312,497.24		



Caitlin Clevenger - Controller
Memorial Medical Center

April 20, 2026

* approved on 4.15.26 cc
** approved on 4.8.26 cc
*** approved on 4.1.26 cc

PROSPERITY BANK

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>
			312,497.24 +
			- 112,585.48 -
			- 2,926.59 -
			- 269.41 -
			- 12,215.87 -
			- 89,967.24 -
			- 91,569.98 -
			- 1,477.78 -
			- 1,267.45 ●
			- 45.64 ●
			- 171.80 ●
			- 0.00 *
			+ 24.13 +
			+ 39.78 +
			+ 119.64 +
			+ 265.58 +
			+ 818.32 +
			+ 1,267.45 ●
			+ 45.64 +
			+ 45.64 ●
			+ 171.80 +
			+ 171.80 ●

Caitlin Clevenger - Controller
Memorial Medical Center

April 20, 2026

payplus

lease fee

bank fee

APPROVED ON

APR 20 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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 ✓	

Memorial Medical Center
Transfer Request

Amount: \$500,000.00

Date: 4/21/2026

From Account: NexBank Money Market *677

To Account: Prosperity Operating Account *4357

APPROVED ON

APR 21 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Explanation:

Transfer money from NexBank Money Market to Memorial Medical Hospital Operating Account

Requested by: Caitlin Clevenger

Date: 4/21/2026

Authorized by: *Michelle Candelas*

Date: 4/21/2026

RECEIVED

APR 16 2026

04/15/2026
16:59

Calhoun County Auditor

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 05/01/2026

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
041326 ✓		04/15/202	04/13/202	05/01/202			4,062.32	0.00	0.00	4,062.32 ✓

ins. pay. dep. into mme opt. error

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12792	LAVACA BAY NURSING AND REHAB	4,062.32	0.00	0.00	4,062.32

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	4,062.32	0.00	0.00	4,062.32 ✓

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APR 16 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK# 212794

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16:59

Calhoun County Auditor

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 05/01/2026

0
ap_open_invoice.template

Vendor# Vendor Name Class Pay Code

11832 BROADMOOR AT CREEKSIDE PARK

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
040926 ✓	ins. pay. dep. into mmc opt. error	04/15/202	04/09/202	05/01/202			1,224.00	0.00	0.00	1,224.00 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11832	BROADMOOR AT CREEKSIDE PARK	1,224.00	0.00	0.00	1,224.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,224.00	0.00	0.00	1,224.00 ✓

APPROVED ON

APR 16 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CHK# 212792

RECEIVED

APR 16 2026

04/15/2026
16:58

Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 05/01/2026

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
✓ 040826A ✓		04/15/202	04/08/202	05/01/202			1,010.00	0.00	0.00	1,010.00 ✓✓
✓ 040826 ✓	ins. pay. dep. into mmc opt. error	04/15/202	04/08/202	05/01/202			2,509.66	0.00	0.00	2,509.66 ✓✓
✓ 040926 ✓	"	04/15/202	04/09/202	05/01/202			78,019.34	0.00	0.00	78,019.34 ✓✓
✓ 041026 ✓	"	04/15/202	04/10/202	05/01/202			48,804.68	0.00	0.00	48,804.68 ✓✓
✓ 041026A ✓	"	04/15/202	04/10/202	05/01/202			1,000.00	0.00	0.00	1,000.00 ✓✓
✓ 041326A ✓	"	04/15/202	04/13/202	05/01/202			92,224.91	0.00	0.00	92,224.91 ✓✓
✓ 041326 ✓	"	04/15/202	04/13/202	05/01/202			11.55	0.00	0.00	11.55 ✓✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE	223,580.14	0.00	0.00	223,580.14

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	223,580.14	0.00	0.00	223,580.14

1,010.00 +
 2,509.66 +
 78,019.34 +
 48,804.68 +
 1,000.00 +
 92,224.91 +
 11.55 +
 223,580.14

APPROVED ON

APR 16 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 212793

RECEIVED

APR 16 2026

04/15/2026
16:59

Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 05/01/2026

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
✓ 040826 ✓		04/15/202	04/08/202	05/01/202			15,738.26	0.00	0.00	15,738.26 ✓
✓ 040926B ✓	ins. pay. dep. into mmc opt. error	04/15/202	04/09/202	05/01/202			12,006.48	0.00	0.00	12,006.48 ✓
✓ 040926A ✓	"	04/15/202	04/09/202	05/01/202			7,650.84	0.00	0.00	7,650.84 ✓
✓ 040926 ✓	"	04/15/202	04/09/202	05/01/202			27,280.82	0.00	0.00	27,280.82 ✓
✓ 041026 ✓	"	04/15/202	04/10/202	05/01/202			20,285.00	0.00	0.00	20,285.00 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE	82,961.40	0.00	0.00	82,961.40

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	82,961.40	0.00	0.00	82,961.40

15,738.26 +
 12,006.48 +
 7,650.84 +
 27,280.82 +
 20,285.00 +
 82,961.40

CHK# 21795

APPROVED ON

APR 16 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
 Nursing Home UPL
 Weekly Cantex Transfer
 Prosperity Accounts
 4/20/2026

APPROVED ON

APR 20 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
Ashford Gardens		100.19	30.22	-		69.97	0
						Bank Balance	69.97
						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 #							
						Adjust Balance/Transfer Amt	(30.03)
Broadmoor		100.17	-	-		100.17	0
						Bank Balance	100.17
						Variance	-
						Leave in Balance	100.00
						Adjust Balance/Transfer Amt	0.17
Crescent		101.54	-	-		101.54	0
						Bank Balance	101.54
						Variance	-
						Leave in Balance	100.00
						Adjust Balance/Transfer Amt	1.54
Fort Bend		100.16	-	-		100.16	0
						Bank Balance	100.16
						Variance	-
						Leave in Balance	100.00
						Adjust Balance/Transfer Amt	0.16
Solera at W Houston		103.35	40.71	5,271.00		5,333.64	1,283.65
						Bank Balance	5,333.64
						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 #							
						Claims owed to MMC	3,949.99
						Adjust Balance/Transfer Amt	1,283.65

TOTAL TRANSFERS 1,283.65

Approved: Caitlin Clevenger, Controller 4/20/2026

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					
4/15/2026 Enhance Analysis Service Charge		30.22	-		-
					-
					-
		30.22	-	-	-
Broadmoor					
No Activity					-
					-
					-
		-	-	-	-
Crescent					
No Activity					-
					-
					-
		-	-	-	-
Fort Bend					
No Activity					-
					-
					-
		-	-	-	-
Solera at West Houston					
4/15/2026 Deposit		-	5,271.00		5,271.00
4/15/2026 Enhance Analysis Service Charge		40.71	-		-
					-
		40.71	5,271.00	-	5,271.00
TOTALS		70.93	5,271.00	-	5,271.00

Balances Overview



COUNTY OF CALHOUN TEXAS
 AGIBSON
 as of Apr 20, 2026 9:37:56 AM CDT

Account Activity

DDA(14)

	Current Balance	Available Balance
	\$1,852,871.76	\$1,852,871.76
Account Name		
*4357 MEMORIAL MEDICAL - OPERATING	\$1,077,648.35	\$1,077,648.35
*4381 MEMORIAL MEDICAL / NH ASHFORD	✓ \$69.97 ✓	\$69.97
*4403 MEMORIAL MEDICAL / NH BROADMOOR	✓ \$100.17 ✓	\$100.17
*4411 MEMORIAL MEDICAL / NH CRESCENT	✓ \$101.54 ✓	\$101.54
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	✓ \$5,333.64 ✓	\$5,333.64
*4446 MEMORIAL MEDICAL / NH FORT BEND	✓ \$100.16 ✓	\$100.16
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$84,894.45	\$84,894.45
*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	\$336,861.46	\$336,861.46
*3407 MMC -NH TUSCANY VILLAGE	\$246,377.23	\$246,377.23
*2998 MMC -MONEY MARKET FUND	\$74,974.34	\$74,974.34
*7168 MEMORIAL MEDICAL LOCK BOX	\$21,306.17	\$21,306.17
Total Balance	\$1,852,871.76	\$1,852,871.76

Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 4/20/2026

APPROVED ON

APR 20 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		64,177.55	64,077.55	65,729.00		65,829.00	65,729.00
					Bank Balance	65,829.00	
					Variance		
					Leave in Balance	100.00	

Routing Information for Golden Creek:

Nexion Health at Golden Creek
 Wells Fargo Bank, N.A.
 ABA 121000248
 Account # [REDACTED]

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 65,729.00

Approved: 
 Caitlin Clevenger, Controller 4/20/2026

Golden Creek

	✓ <u>Transfer-Out</u>	✓ <u>Transfer-In</u>	MMC <u>PORTION</u>	<u>NH PORTION</u>
4/13/2026 Over Counter Check - 258	66.79	-		-
4/13/2026 Over Counter Check - 257	719.58	-		-
4/13/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 041326 543684555876917	-	2,140.00		2,140.00
4/13/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1238946018*13 41858379\ 746003411	-	4,423.17		4,423.17
4/13/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 041326 543684555876917	-	7,950.00		7,950.00
4/14/2026 GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	14,784.80		14,784.80
4/14/2026 AETNA AS01 - HCCLAIMPMT TRN*1*8826098010437 49*1066033492\ 1588075964	-	945.00		945.00
4/15/2026 Domestic Wire Withdrawal WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	63,291.18	-		-
4/16/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1239604429*13 41858379\ 746003411	-	9,221.57		9,221.57
4/17/2026 HEALTH HUMAN SVC S291746000156 - HCCLAIMPMT TRN*1*05Z161231588075964*1746000156~ 17460034113011	-	26,264.46		26,264.46
	64,077.55	65,729.00	-	65,729.00

Transaction Report



Transaction Report for account *4454

Reported on Mon Apr 20 14:53:00 GMT 2026

Current Balance \$84,894.45
 Interest Accrued \$43.77
 Available Balance \$84,894.45

Date	Description	Credit	Debit	Running Balance
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
04/17/2026	External Deposit HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0SZ161231588075964*1746000156~ 17460034113011	26264.46		65829.00 ✓
04/16/2026	External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1239604429*13 41858379\ 746003411	9221.57		39564.54
04/15/2026	Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT NEXION HEAL TH d/b/a GOLDEN CREEK HC		63291.18	30342.97
04/14/2026	External Deposit GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	14764.80		93634.15
04/14/2026	External Deposit AETNA AS01 - HCCLAIMPMT TRN*1*6826098010437 49*1066033492\ 1568075964	945.00		78849.35
04/13/2026	258 Over Counter Check Over Counter Check		66.79	77904.35
04/13/2026	257 Over Counter Check Over Counter Check		719.58	77971.14
04/13/2026	External Deposit TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 041326 543684555876917	2140.00		78690.72

APPROVED ON

APR 20 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
4/20/2026

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

Adjust Balance/Transfer Amt 39.70

Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza- Medicare/Medicaid	102.09					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 4/20/2026

Balances Overview



COUNTY OF CALHOUN TEXAS
 AGIBSON
 as of Apr 20, 2026 9:02:55 AM CDT

Account Activity

DDA(14)

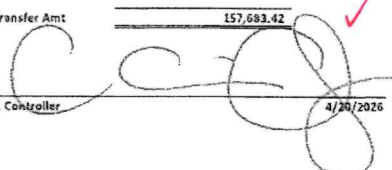
	Current Balance	Available Balance
	\$1,852,871.76	\$1,852,871.76
Account Name		
*4357 MEMORIAL MEDICAL - OPERATING	\$1,077,648.35	\$1,077,648.35
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$69.97	\$69.97
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$100.17	\$100.17
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$101.54	\$101.54
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$5,333.64	\$5,333.64
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$100.16	\$100.16
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$84,894.45	\$84,894.45
*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	\$336,861.46	\$336,861.46
*3407 MMC -NH TUSCANY VILLAGE	\$246,377.23	\$246,377.23
*2998 MMC -MONEY MARKET FUND	\$74,974.34	\$74,974.34
*7168 MEMORIAL MEDICAL LOCK BOX	\$21,306.17	\$21,306.17
Total Balance	\$1,852,871.76	\$1,852,871.76

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 4/20/2026

APPROVED ON
APR 20 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		32,362.35	32,262.35	157,683.42	-	-	157,783.42	157,683.42
						Bank Balance Variance	157,783.42	
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	157,683.42	

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
 4/20/2026

Tuscany Village

	✓ <u>Transfer-Out</u>	✓ <u>Transfer-In</u>	MMC <u>PORTION</u>	<u>NH PORTION</u>
4/15/2026 Domestic Wire Withdrawal WIRE OUT VILLAGE POS T ACUTE HEALTH SERVICE	32,262.35	-		-
4/15/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1239913218*13 41858379\ 746003411	-	37,130.11		37,130.11
4/16/2026 Deposit	-	57,094.06		57,094.06
4/16/2026 Deposit	-	53,505.19		53,505.19
4/17/2026 Merchant Capture Deposit	-	2,170.00		2,170.00
4/17/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7776378*1205296137*000004011\ 676201	-	7,784.06		7,784.06
	<u>32,262.35</u>	<u>157,683.42</u>	-	<u>157,683.42</u>

Transaction Report



Transaction Report for account *3407

Reported on Mon Apr 20 14:23:00 GMT 2026

Current Balance \$246,377.23
 Interest Accrued \$104.05
 Available Balance \$246,377.23

Date	Description	Credit	Debit	Running Balance
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
04/17/2026	9073989038 Descriptive Deposit Merchant Capture Deposit	2170.00		✓ 157783.42 ✓
04/17/2026	External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7778378*1205296137*0000040111 676201	7784.06		155613.42
04/16/2026	127051062646498 Deposit Deposit	57094.06		147829.36
04/16/2026	127051062646452 Deposit Deposit	53505.19		90735.30
04/15/2026	Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT VILLAGE POS T ACUTE HEALTH SERVICE		32262.35	37230.11
04/15/2026	External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1239913218*13 41858379\ 746003411	37130.11		69492.46
04/08/2026	9073943623 Descriptive Deposit Merchant Capture Deposit	9957.71		32362.35
04/08/2026	Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT VILLAGE POS T ACUTE HEALTH SERVICE		251146.31	22404.64
04/07/2026	123870972642694 Deposit Deposit	15438.72		283550.95

APPROVED ON

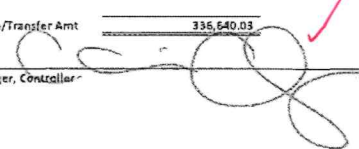
APR 20 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly HSL Transfer
Prosperity Accounts
4/20/2026

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		80,312.56	80,212.56	336,640.03			336,740.03	336,640.03
						Bank Balance	336,740.03	
						Variance	-	
						Leave in Balance	100.00	

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

Adjust Balance/Transfer Amt 336,640.03
Approved: 
Caitlin Clevenger, Controller 4/20/2026

Lavaca Bay Nursing and Rehab

	✓ Transfer-Out	✓ Transfer-In	MMC PORTION	NH PORTION
4/13/2026 Over Counter Check - 1178	537.91	-		-
4/13/2026 Over Counter Check - 1179	695.03	-		-
4/13/2026 HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*052098431538719836*1746000156~ 17460034113016	-	9,177.41		9,177.41
4/14/2026 CENTENE CORP - HCCLAIMPMT TRN*1*0913027054* 1742770542\	-	120,061.18		120,061.18
4/15/2026 Domestic Wire Withdrawal WIRE OUT REG Leased OpCo LLC	78,979.62	-		-
4/15/2026 Deposit	-	41,372.22		41,372.22
4/15/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1239451997*13 41858379\ 746003411	-	1,449.89		1,449.89
4/15/2026 36 TREAS 310 - MISC PAY ISA*00*00000000 00*00*0000000000*ZZ*US TREASURY 310*ZZ*VENDOR PAYMENTS*260414*053 1*U*QI	-	95,658.19		95,658.19
4/15/2026 HEALTH HUMAN SVC 5291742638006 - HCCLAIMPMT TRN*1*052127741538719836*1746000156~ 17460034113016	-	1,770.24		1,770.24
4/15/2026 CENTENE CORP - HCCLAIMPMT TRN*1*0913028111* 1742770542\	-	275.47		275.47
4/15/2026 HUMANA INS CO 459086 - HCCLAIMPMT TRN*1*1845 33442260413*1391263473\ 101491306	-	18,865.63		18,865.63
4/16/2026 Deposit	-	6,007.00		6,007.00
4/16/2026 HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*052142461538719836*1746000156~ 17460034113016	-	2,299.70		2,299.70
4/16/2026 CENTENE CORP - HCCLAIMPMT TRN*1*0913039753* 1742770542\	-	15.50		15.50
4/17/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1239913221*13 41858379\ 746003411	-	4,269.04		4,269.04
4/17/2026 HOSPICE OF SOUTH - Payments Lavaca Bay N&R NF	-	11,466.75		11,466.75
4/17/2026 HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*052164791538719836*1746000156~ 17460034113016	-	105.00		105.00
4/17/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7777044*1205296137*000004011\ 675481	-	23,846.81		23,846.81
	80,212.56	336,640.03	-	336,640.03

Transaction Report



Transaction Report for account *5506

Reported on Mon Apr 20 14:11:00 GMT 2026

Current Balance \$336,861.46
 Interest Accrued \$116.20
 Available Balance \$336,861.46

Date	Description	Credit	Debit	Running Balance
04/17/2026	External Deposit HNB - ECHO - HCCLAIMPMT TRN**1*1239913221*13 41858379\ 746003411	4268.04		336740.03 ✓
04/17/2026	External Deposit HOSPICE OF SOUTH - Payments Lavaca Bay N&R NF	11466.75		332470.99
04/17/2026	External Deposit HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN**1*0SZ164791538719836*1746000156- 17460034113016	105.00		321004.24
04/17/2026	External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN**1*EF T7777044*1205296137*000004011\ 876481	23846.81		320899.24
04/16/2026	123871062626610 Deposit Deposit	6007.00		297052.43
04/16/2026	External Deposit HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN**1*0SZ142461538719836*1746000156- 17460034113016	2299.70		291045.43
04/16/2026	External Deposit CENTENE CORP - HCCLAIMPMT TRN**1*0913039753* 1742770542\	15.50		288745.73
04/15/2026	Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT REG Leased OpCo LLC		78979.62	288730.23
04/15/2026	123871052628399 Deposit Deposit	41372.22		367709.85
04/15/2026	External Deposit HNB - ECHO - HCCLAIMPMT TRN**1*1239451997*13 41858379\ 746003411	1449.89		326337.63

Solera ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

mmc ✓

Date Requested: 3-20-26

P
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E

APPROVED ON

APR 20 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CWK# 001333

FOR ACCT. USE ONLY

- Imprest Cash
- A/P Check
- Voucher Check

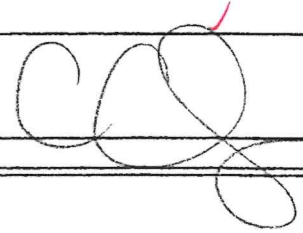
AMOUNT \$3949.99 ✓

G/L NUMBER: 20652000

EXPLANATION: Wellcare recoup - Fort Bend 7-4-25 ✓

EFT trace # X300450735

REQUESTED BY: K. Pokluda

AUTHORIZED BY: 

Check Summary

Transaction Date: July 04, 2025

WELLCARE BY ALLWELL 5900 E BEN WHITE BLVD AUSTIN, TX 78741	Payee Tax ID: [REDACTED] Payee ID: [REDACTED] Check/EFT Trace Number: [REDACTED] Payment Amount: \$0.00 Check/EFT Date: 07/04/2025 Production End Cycle Date: 07/04/2025	Payee Name: MEMORIAL MEDICAL CENTER Payee Address: PO BOX 4987 DEPT 333 HOUSTON, TX 77210
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Provider Adjustments

Provider Adjustment Code	Provider Adjustment Identifier	Provider Adjustment Amount
FB	[REDACTED]	✓-\$3,949.99
FB	[REDACTED]	\$3,056.61

*Donald Pipes
For Bond*

Patient Name: [REDACTED] Claim Number: [REDACTED] Claim Date: 06/02/2025 - 06/02/2025 Claim Status Code: 1

Patient ID: [REDACTED]	Group / Policy: [REDACTED]	Facility Type: 85	Claim Charge: \$453.00
Patient Ctr Nbr: [REDACTED]	Contract Hdr: [REDACTED]	Claim Frequency: 1	Claim Payment: \$72.42
Rendering Prvd: [REDACTED]	Rendering Prv ID: [REDACTED]	Claim Received Date: [REDACTED]	Patient Resp: \$50.00
Original Ref Nbr: [REDACTED]			

Line Details

Line Ctrl Nbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adj (Qty)	Adj Amount	Results: 1 Payment
RCM1635148	06/02/2025 - 06/02/2025		0320		HC:72100 // 1		\$123.90 (86)	\$453.00	CO-45 CO-253 PR-3	\$329.10 \$1.48 \$50.00	\$72.42

Supplemental Information - AMT/Payer Codes: \$123.90 (AU)

Patient Name: [REDACTED] Claim Number: [REDACTED] Claim Date: 06/05/2025 - 06/05/2025 Claim Status Code: 1

Patient ID: [REDACTED]	Group / Policy: [REDACTED]	Facility Type: 85	Claim Charge: \$1,535.00
Patient Ctr Nbr: [REDACTED]	Contract Hdr: [REDACTED]	Claim Frequency: 1	Claim Payment: \$411.41
Rendering Prvd: [REDACTED]	Rendering Prv ID: [REDACTED]	Claim Received Date: [REDACTED]	Patient Resp: \$0.00
Original Ref Nbr: [REDACTED]			

Line Details

Line Ctrl Nbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adj (Qty)	Adj Amount	Results: 12 Payment
RCM1638747	06/05/2025 - 06/05/2025		0301		HC:80053 // 1		\$73.30 (86)	\$268.00	CO-45 CO-253	\$194.70 \$1.47	\$71.83
RCM1638750	06/05/2025 - 06/05/2025		0301		HC:80061 // 1		\$26.26 (86)	\$96.00	CO-45 CO-253	\$69.74 \$0.53	\$25.73
RCM1638751	06/05/2025 - 06/05/2025		0301		HC:82570 // 1		\$18.87 (86)	\$69.00	CO-45 CO-253	\$50.13 \$0.38	\$18.49

MP

MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001333

Date 4-22-26 88-2265/1131

PAY
TO THE
ORDER OF

mmc operations

\$ 3949.99

Three thousand nine hundred forty nine ⁹⁹/₁₀₀ DOLLARS



FOR _____

Security features are included. Details on back.



RUN DATE:04/22/26
TIME:13:09

MEMORIAL MEDICAL CENTER
CHECK REGISTER
04/22/26 THRU 04/22/26

PAGE 3
GLCKREG

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

NHS 001333 04/22/26 3,949.99 MMC OPERATING
TOTALS: 3,949.99