

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---April 29, 2026

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$	737,398.41
TOTAL TRANSFERS BETWEEN FUNDS	\$	305,416.63
TOTAL NURSING HOME UPL EXPENSES	\$	1,436,701.55
TOTAL INTER-GOVERNMENT TRANSFERS	\$	605,144.23
GRAND TOTAL DISBURSEMENTS APPROVED April 29, 2026	\$	3,084,660.82

**APPROVED**

APR 29 2026

**CALHOUN COUNTY  
COMMISSIONERS COURT**

**MEMORIAL MEDICAL CENTER**  
**COMMISSIONERS COURT APPROVAL LIST FOR ---April 29, 2026**

**PAYABLES AND PAYROLL**

4/24/2026 Weekly Payables	587,544.70
4/24/2026 Patient Refunds	4,859.37
4/27/2026 McKesson-340B Prescription Expense	7,829.68
4/27/2026 Cencora-340B Prescription Expense	52.80
4/27/2026 Cencora-340B Prescription Expense	28.77

**Prosperity Electronic Bank Payments**

4/27/2026 90 Degree Benefits - employee insurance claims	52,970.49
4/27/2026 90 Degree Benefits - employee insurance claims	58,526.70
4/27/2026 90 Degree Benefits - employee insurance claims	9,121.23
4/27/2026 90 Degree Benefits - employee insurance claims	13,825.56
4/27/2026 Sales Tax - March 2026 - Difference	469.87
4/27/2026 Pay Plus-Patient Claims Processing Fee	2,169.24

**TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS** **\$ 737,398.41**

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

4/24/2026 MMC Operating to Cantex-Correction of insurance payment deposited into MMC Operating in error	3,035.98
4/24/2026 MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	73,575.70
4/24/2026 MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	228,804.95

**TOTAL TRANSFERS BETWEEN FUNDS** **\$ 305,416.63**

**NURSING HOME UPL EXPENSES**

4/27/2026 Nursing Home UPL-Cantex Transfer	1,224.17
4/27/2026 Nursing Home UPL-Nexion Transfer	575,916.92
4/27/2026 Nursing Home UPL-Tuscany Transfer	611,341.84
4/27/2026 Nursing Home UPL-HSL Transfer	245,861.32

**TRANSFER OF FUNDS BETWEEN NURSING HOMES**

4/27/2026 Tuscany to Golden Creek -Fund Recouped from Golden Creek in Error	2,357.30
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**TOTAL NURSING HOME UPL EXPENSES** **\$ 1,436,701.55**

**INTER-GOVERNMENT TRANSFERS**

4/27/2026 HARP IGT	1,634.20
4/27/2026 ATLIS IGT	603,510.03

**TOTAL INTER-GOVERNMENT TRANSFERS** **\$ 605,144.23**

**GRAND TOTAL DISBURSEMENTS APPROVED April 29, 2026** **\$ 3,084,660.82**



✓ 112592851		04/20/202 04/02/202 04/27/202	1,903.13	0.00	0.00	1,903.13	✓
	SUPPLIES						
✓ 112593534		04/20/202 04/02/202 04/27/202	818.50	0.00	0.00	818.50	✓
	SUPPLIES						
✓ 4613887		04/20/202 04/03/202 04/28/202	1,484.00	0.00	0.00	1,484.00	✓
	<del>SUPPLIES</del>	Total Service Coverage					
✓ 112595567		04/20/202 04/05/202 04/30/202	48.08	0.00	0.00	48.08	✓
	SUPPLIES	25ml Broth					
✓ 112595813		04/20/202 04/05/202 04/30/202	768.12	0.00	0.00	768.12	✓
	SUPPLIES						
✓ 112595708		04/20/202 04/05/202 04/30/202	722.10	0.00	0.00	722.10	✓
	SUPPLIES						
✓ 112597589		04/20/202 04/06/202 05/01/202	1,239.20	0.00	0.00	1,239.20	✓
	<del>SUPPLIES</del>	cell control					
✓ 112598374		04/20/202 04/06/202 05/01/202	271.54	0.00	0.00	271.54	✓
	SUPPLIES						
✓ 112599013		04/20/202 04/06/202 05/01/202	36.70	0.00	0.00	36.70	✓
	SUPPLIES						
✓ 112599407		04/20/202 04/06/202 05/01/202	510.75	0.00	0.00	510.75	✓
	SUPPLIES						
✓ 112608588		04/22/202 04/13/202 05/08/202	5,016.58	0.00	0.00	5,016.58	✓
		Hematology Billing					
✓ 7402820		04/22/202 04/16/202 05/11/202	8,670.41	0.00	0.00	8,670.41	✓
		meter Billing					

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	25,036.02	0.00	0.00	25,036.02

Vendor#	Vendor Name	Class	Pay Code							
B1320	BEEKLEY CORPORATION	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ MIN0310521		04/20/202	04/03/202	04/20/202			199.00	0.00	0.00	199.00
	SUPPLIES	mole treatment								
Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
	B1320	BEEKLEY CORPORATION	199.00	0.00	0.00	199.00				

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
✓ 909123899		04/20/202	04/02/202	04/20/202			2,207.59	0.00	0.00	2,207.59
	SUPPLIES									
✓ 909123900		04/20/202	04/02/202	04/20/202			1,397.59	0.00	0.00	1,397.59
	SUPPLIES									
✓ 909123898		04/20/202	04/02/202	04/20/202			921.59	0.00	0.00	921.59
	<del>SUPPLIES</del>	diabetes medication								
✓ 909142576		04/20/202	04/09/202	04/20/202			633.16	0.00	0.00	633.16
	SUPPLIES									
✓ 909098855		04/21/202	03/25/202	04/21/202			386.90	0.00	0.00	386.90
	SUPPLIES									
Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
	11072	BIO-RAD LABORATORIES, INC	5,546.83	0.00	0.00	5,546.83				

Vendor#	Vendor Name	Class	Pay Code							
14753	BIOMERIEUX, INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 1217345338		04/14/202	04/01/202	04/14/202			14,103.00	0.00	0.00	14,103.00
	<del>SUPPLIES</del>	Biofire Torch Extended Warranty								
Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net				
	14753	BIOMERIEUX, INC	14,103.00	0.00	0.00	14,103.00				

Vendor#	Vendor Name	Class	Pay Code
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SUPPLIES

Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		L1430	CONMED LINVATEC		83.20	0.00	0.00	83.20		
Vendor#	Vendor Name		Class	Pay Code						
11616	CONTROL SOLUTIONS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ DSINV028823		04/20/202	04/10/202	04/14/202			232.76	0.00	0.00	232.76 ✓
	SUPPLIES									
✓ DSINV028789	UPS & Log tag	04/20/202	04/10/202	04/20/202			499.11	0.00	0.00	499.11 ✓
	SUPPLIES									
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
	11616	CONTROL SOLUTIONS			731.87	0.00	0.00	731.87		
Vendor#	Vendor Name		Class	Pay Code						
D1200	DETAR HOSPITAL		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 2026169597328		04/20/202	04/10/202	04/10/202			28.28	0.00	0.00	28.28 ✓
	past due patient payment									
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
	D1200	DETAR HOSPITAL			28.28	0.00	0.00	28.28		
Vendor#	Vendor Name		Class	Pay Code						
10368	DEWITT POTH & SON									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 8324790		04/20/202	04/08/202	05/03/202			481.42	0.00	0.00	481.42 ✓
	SUPPLIES									
✓ 8326560	writing supplies & folders & files	04/20/202	04/10/202	05/05/202			14.10	0.00	0.00	14.10 ✓
	SUPPLIES									
✓ 8331830	ballpoint pens	04/20/202	04/13/202	05/08/202			412.87	0.00	0.00	412.87 ✓
	SUPPLIES									
✓ 8336120	paper, index cards, & dividers	04/21/202	04/16/202	05/11/202			400.29	0.00	0.00	400.29 ✓
	SUPPLIES									
	envelopes & paper									
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
	10368	DEWITT POTH & SON			1,308.68	0.00	0.00	1,308.68		
Vendor#	Vendor Name		Class	Pay Code						
14800	DIRECTV ENTERTAINMENT HOLDINGS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 260412		04/21/202	04/12/202	05/01/202			499.20	0.00	0.00	499.20 ✓
	TV									
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
	14800	DIRECTV ENTERTAINMENT HOLDINGS			499.20	0.00	0.00	499.20		
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
✓ MMC041526		04/22/202	04/15/202	04/16/202			145,633.56	0.00	0.00	145,633.56 ✓
	APRIL PROFESSIONAL FEES									
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
	10789	DISCOVERY MEDICAL NETWORK INC			145,633.56	0.00	0.00	145,633.56		
Vendor#	Vendor Name		Class	Pay Code						
11291	DOWELL PEST CONTROL									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 72697		04/21/202	04/20/202	04/20/202			145.00	0.00	0.00	145.00 ✓
	CLINIC PEST CONTROL									
	Flea & Tick Treatment									
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net		
	11291	DOWELL PEST CONTROL			145.00	0.00	0.00	145.00		
Vendor#	Vendor Name		Class	Pay Code						
14832	DR JOHN CLINTON									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

✓	041026		04/20/202	04/10/202	04/10/202		3,600.00	0.00	0.00	3,600.00 ✓	
			<i>pediatric call</i>								
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
		14832 DR JOHN CLINTON					3,600.00	0.00	0.00	3,600.00	
Vendor#	Vendor Name						Class	Pay Code			
14924	DR. TIMU KWI										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	041026		04/20/202	04/10/202	04/10/202			5,400.00	0.00	0.00	5,400.00 ✓
		<i>MARCH OB CALL</i>									
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
		14924 DR. TIMU KWI						5,400.00	0.00	0.00	5,400.00
Vendor#	Vendor Name						Class	Pay Code			
14508	EITAN GROUP NORTH AMERICA, INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	IN1082942		04/21/202	04/16/202	04/21/202			381.54	0.00	0.00	381.54 ✓
		<i>SUPPLIES microbore</i>									
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
		14508 EITAN GROUP NORTH AMERICA, INC						381.54	0.00	0.00	381.54
Vendor#	Vendor Name						Class	Pay Code			
11284	EMERGENCY STAFFING SOLUTIONS										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	45263		04/22/202	03/31/202	04/10/202			10,375.00	0.00	0.00	10,375.00 ✓
		<i>SHORTFALL INVOICE</i>									
✓	45293		04/22/202	04/30/202	05/10/202			40,062.50	0.00	0.00	40,062.50 ✓
		<i>ER PHYS SERVICES 16TH-EOM</i>									
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
		11284 EMERGENCY STAFFING SOLUTIONS						50,437.50	0.00	0.00	50,437.50
Vendor#	Vendor Name						Class	Pay Code			
10042	ERBE USA INC SURGICAL SYSTEMS										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	37271533		04/20/202	04/03/202	04/10/202			169.50	0.00	0.00	169.50 ✓
		<i>SUPPLIES</i>									
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
		10042 ERBE USA INC SURGICAL SYSTEMS						169.50	0.00	0.00	169.50
Vendor#	Vendor Name						Class	Pay Code			
18292	EVOLOGICS										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	EV72623A		04/20/202	03/31/202	04/20/202			2,250.00	0.00	0.00	2,250.00 ✓
		<i>SUPPLIES Devogen Semitendinosus</i>									
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
		18292 EVOLOGICS						2,250.00	0.00	0.00	2,250.00
Vendor#	Vendor Name						Class	Pay Code			
17848	FEDLOGIC LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	1496996478		04/20/202	04/01/202	05/01/202			1,691.25	0.00	0.00	1,691.25 ✓
		<i>CONSULTING SERVICE 1 quarterly</i>									
	Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
		17848 FEDLOGIC LLC						1,691.25	0.00	0.00	1,691.25
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
✓	8075717		04/20/202	04/14/202	05/09/202			482.36	0.00	0.00	482.36 ✓
		<i>SUPPLIES</i>									
✓	8075718		04/20/202	04/14/202	05/09/202			177.25	0.00	0.00	177.25 ✓
		<i>SUPPLIES 2 bottle probes</i>									
✓	8075716		04/20/202	04/14/202	05/09/202			622.05	0.00	0.00	622.05 ✓

✓	7831197	SUPPLIES	04/21/202	04/02/202	04/27/202		27.90	0.00	0.00	27.90	✓	
✓	7831199	SUPPLIES	04/21/202	04/02/202	04/27/202		551.13	0.00	0.00	551.13	✓	
✓	7831198	SUPPLIES	04/21/202	04/02/202	04/27/202		4,900.13	0.00	0.00	4,900.13	✓	
✓	7920586	SUPPLIES	04/21/202	04/07/202	05/02/202		126.90	0.00	0.00	126.90	✓	
✓	7920587	SUPPLIES	04/21/202	04/07/202	05/02/202		79.99	0.00	0.00	79.99	✓	
✓	7952786	SUPPLIES	04/21/202	04/08/202	05/03/202		315.75	0.00	0.00	315.75	✓	
✓	7984218	SUPPLIES	04/21/202	04/09/202	05/04/202		-126.90	0.00	0.00	-126.90	✓	
✓	7984219	SUPPLIES	04/21/202	04/09/202	05/04/202		2,304.26	0.00	0.00	2,304.26	✓	
✓	8013844	SUPPLIES	04/21/202	04/10/202	05/05/202		18.60	0.00	0.00	18.60	✓	
✓	8043646	SUPPLIES	04/21/202	04/13/202	05/08/202		108.60	0.00	0.00	108.60	✓	
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net		
F1400 FISHER HEALTHCARE							9,588.02	0.00	0.00	9,588.02		
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	
✓	INV978768		04/22/202	04/11/202	05/06/202			2,047.50	0.00	0.00	2,047.50	
		PT TRAVEL TECH	<i>Sarah Wilmore</i>									✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net		
11078 FUSION MEDICAL STAFFING, LLC							2,047.50	0.00	0.00	2,047.50		
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	
✓	6003184062		04/14/202	04/14/202	04/14/202			13,695.01	0.00	0.00	13,695.01	
		<i>electronic payment</i>										✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net		
12404 GE PRECISION HEALTHCARE, LLC							13,695.01	0.00	0.00	13,695.01		
Vendor#	Vendor Name		Class	Pay Code								
W1300	GRAINGER		M									
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	9874444301		04/21/202	04/09/202	05/04/202			101.28	0.00	0.00	101.28	
		SUPPLIES	<i>candelabra screw</i>									✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net		
W1300 GRAINGER							101.28	0.00	0.00	101.28		
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	
✓	7115		04/22/202	03/31/202	04/10/202			5,451.00	0.00	0.00	5,451.00	
		SHORTFALL INVOICE									✓	
✓	7121		04/22/202	04/30/202	05/10/202			23,663.00	0.00	0.00	23,663.00	
		APRIL PHYS SERVICES 16-EOM									✓	
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net		
15208 HOSPITAL CARE CONSULTANTS INC.							29,114.00	0.00	0.00	29,114.00		
Vendor#	Vendor Name		Class	Pay Code								
10341	JENISE SVETLIK											
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	

✓041326		04/21/202	04/13/202	04/13/202			579.30	0.00	0.00	579.30	✓	
	SUPPLIES	<i>Trubridge national client conference</i>										
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net		
	10341	JENISE SVETLIK					579.30	0.00	0.00	579.30		
Vendor#	Vendor Name		Class		Pay Code							
W1372	JOHN B WRIGHT LLC											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net		
✓041026		04/20/202	04/10/202	04/10/202			2,900.00	0.00	0.00	2,900.00	✓	
	MARCH OB CALL											
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net		
	W1372	JOHN B WRIGHT LLC					2,900.00	0.00	0.00	2,900.00		
Vendor#	Vendor Name		Class		Pay Code							
11600	LEGAL SHIELD											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net		
✓042026A		04/23/202	04/20/202	04/20/202			402.85	0.00	0.00	402.85	✓	
	EMPLOYEE SERVICE PAYROLL C											
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net		
	11600	LEGAL SHIELD					402.85	0.00	0.00	402.85		
Vendor#	Vendor Name		Class		Pay Code							
10371	LOFTIN EQUIPMENT COMPANY											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net		
✓SFI0008296101		04/14/202	03/26/202	04/14/202			9,802.25	0.00	0.00	9,802.25	✓	
	SUPPLIES											
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net		
	10371	LOFTIN EQUIPMENT COMPANY					9,802.25	0.00	0.00	9,802.25		
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		
✓042026		04/20/202	04/15/202	04/20/202			895.00	0.00	0.00	895.00	✓	
	<i>payroll clearing Stone water</i>											
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							
15200	MANAGED CARE PARTNERS INC.											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net		
✓7019		04/20/202	05/01/202	05/01/202			530.00	0.00	0.00	530.00	✓	
	PRO FEES MAY 2026											
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net		
	15200	MANAGED CARE PARTNERS INC.					530.00	0.00	0.00	530.00		
Vendor#	Vendor Name		Class		Pay Code							
M1511	MARKETLAB, INC		W									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net		
✓INV002706899		04/20/202	04/20/202	04/20/202			38.05	0.00	0.00	38.05	✓	
	SUPPLIES <i>yellow tape</i>											
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net		
	M1511	MARKETLAB, INC					38.05	0.00	0.00	38.05		
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		
✓25404851		04/20/202	04/06/202	04/21/202			22.68	0.00	0.00	22.68	✓	
	SUPPLIES <i>occult blood ctt</i>											
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net		
	M2178	MCKESSON MEDICAL SURGICAL INC					22.68	0.00	0.00	22.68		
Vendor#	Vendor Name		Class		Pay Code							
11612	MEDICAL AIR SERVICES ASSOC.											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net		

✓	2348124		04/20/202	04/20/202	04/20/202		1,565.00	0.00	0.00	1,565.00	✓
		<i>maja</i>									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
		11612 MEDICAL AIR SERVICES ASSOC.					1,565.00	0.00	0.00	1,565.00	
Vendor#	Vendor Name		Class	Pay Code							
18092	MEDICAL SOLUTIONS LLC		.								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
	201324992		04/22/202	04/20/202	04/20/202		2,760.00	0.00	0.00	2,760.00	
		LAB TRAVEL TECH   <i>Joshua Zettlemoyer</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	
	✓ 2419239976		04/14/202	04/01/202	04/26/202		239.04	0.00	0.00	239.04	✓
		SUPPLIES									
	✓ 2421391755		04/20/202	04/20/202	04/20/202		127.88	0.00	0.00	127.88	✓
		<del>SUPPLIES</del> <i>Testing kit</i>									
	✓ 2417894869		04/21/202	03/24/202	04/18/202		156.85	0.00	0.00	156.85	✓
		<del>SUPPLIES</del> <i>bracket</i>									
	✓ 2420259951		04/21/202	04/08/202	05/03/202		4,992.40	0.00	0.00	4,992.40	✓
		SUPPLIES									
	✓ 2420259948		04/21/202	04/08/202	05/03/202		97.38	0.00	0.00	97.38	✓
		<del>SUPPLIES</del> <i>epidural syringe</i>									
	✓ 2420259949		04/21/202	04/08/202	05/03/202		200.77	0.00	0.00	200.77	✓
		<del>SUPPLIES</del> <i>syringe, splint, trach tube</i>									
	✓ 2420259952		04/21/202	04/08/202	05/03/202		657.60	0.00	0.00	657.60	✓
		<del>SUPPLIES</del> <i>Heel guard</i>									
	✓ 2420259950		04/21/202	04/08/202	05/03/202		19.50	0.00	0.00	19.50	✓
		SUPPLIES									
	✓ 2420481854		04/21/202	04/08/202	05/03/202		68.78	0.00	0.00	68.78	✓
		<del>SUPPLIES</del> <i>carrot broth</i>									
	✓ 2421296906		04/21/202	04/14/202	05/09/202		72.12	0.00	0.00	72.12	✓
		<del>SUPPLIES</del> <i>specimen bag</i>									
	✓ 2421456304		04/21/202	04/15/202	05/10/202		74.18	0.00	0.00	74.18	✓
		<del>SUPPLIES</del> <i>condensation traps</i>									
	✓ 2422005536		04/21/202	04/17/202	05/12/202		-31.13	0.00	0.00	-31.13	✓
		<del>SUPPLIES</del> <i>credit on sheets/drape</i>									
	✓ 2421860017		04/21/202	04/17/202	05/12/202		225.66	0.00	0.00	225.66	✓
		<del>SUPPLIES</del> <i>suction canister</i>									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
		M2470 MEDLINE INDUSTRIES INC					6,901.03	0.00	0.00	6,901.03	
Vendor#	Vendor Name		Class	Pay Code							
M2499	MEDTRONIC USA, INC.		W								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
	✓ 2591228652		04/20/202	04/07/202	04/20/202		227.00	0.00	0.00	227.00	✓
		<del>SUPPLIES</del> <i>dressing</i>									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
		M2499 MEDTRONIC USA, INC.					227.00	0.00	0.00	227.00	
Vendor#	Vendor Name		Class	Pay Code							
14704	METTLER-TOLEDO RAININ, LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
	✓ 679330239		04/14/202	03/30/202	04/14/202		144.90	0.00	0.00	144.90	
		<del>SUPPLIES</del> <i>single channel</i>									✓
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
		14704 METTLER-TOLEDO RAININ, LLC					144.90	0.00	0.00	144.90	



✓	4703182		04/22/202	04/21/202	05/01/202		26.63	0.00	0.00	26.63 ✓	
		SUPPLIES									
✓	4704919		04/22/202	04/21/202	05/01/202		33.71	0.00	0.00	33.71 ✓	
		SUPPLIES									
✓	4704918		04/22/202	04/21/202	05/01/202		24.14	0.00	0.00	24.14 ✓	
		SUPPLIES									
✓	4703964		04/22/202	04/21/202	05/01/202		1,103.58	0.00	0.00	1,103.58 ✓	
		SUPPLIES									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		10536	MORRIS & DICKSON CO, LLC				7,238.49	0.00	0.00	7,238.49	
Vendor#	Vendor Name		Class	Pay Code							
18356	MSTS RECEIVABLES LLC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	DD38564E		04/21/202	04/20/202	04/20/202			89.44	0.00	0.00	89.44 ✓
		SUPPLIES									tools
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		18356	MSTS RECEIVABLES LLC				89.44	0.00	0.00	89.44	
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
✓	8801335212		04/20/202	04/06/202	05/06/202			58.31	0.00	0.00	58.31 ✓
		SUPPLIES									readicat
✓	8801336237		04/21/202	04/09/202	05/09/202			120.43	0.00	0.00	120.43 ✓
		SUPPLIES									readicat & liquid e-2 paque
✓	8801337120		04/21/202	04/14/202	05/10/202			129.10	0.00	0.00	129.10 ✓
		SUPPLIES									793 E2 Gas
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		M2659	MXR IMAGING, INC				307.84	0.00	0.00	307.84	
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
✓	9023		04/20/202	04/17/202	04/27/202			75.88	0.00	0.00	75.88 ✓
		TRANSCRIPTION SERVICES									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		13548	NACOGDOCHES TRANSCRIPTION				75.88	0.00	0.00	75.88	
Vendor#	Vendor Name		Class	Pay Code							
12388	NATIONAL FARM LIFE INSURANCE										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	4735432		04/21/202	04/20/202	04/20/202			3,118.98	0.00	0.00	3,118.98 ✓
		LIFE INSURANCE PREMIUM									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		12388	NATIONAL FARM LIFE INSURANCE				3,118.98	0.00	0.00	3,118.98	
Vendor#	Vendor Name		Class	Pay Code							
12096	NEOGENOMICS LABORATORIES										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	9756344		04/22/202	12/31/202	12/31/202			6,469.00	0.00	0.00	6,469.00 ✓
		DEC SERVICE DATE LAB DRAWS									
✓	9880404		04/22/202	01/31/202	01/31/202			3,368.00	0.00	0.00	3,368.00 ✓
		JANUARY SERVICE DATE LAB DF									
✓	9991067		04/22/202	02/28/202	02/28/202			903.00	0.00	0.00	903.00 ✓
		FEB SERVICE DATE LAB DRAWS									
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		12096	NEOGENOMICS LABORATORIES				10,740.00	0.00	0.00	10,740.00	
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

✓39669266		04/20/202	04/07/202	05/02/202			1,125.00	0.00	0.00	1,125.00	✓	
	SERVICE CONTRACT											
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net		
	01500	OLYMPUS AMERICA INC						1,125.00	0.00	0.00	1,125.00	
Vendor#	Vendor Name		Class	Pay Code								
10152	PARTSSOURCE, LLC											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net		
✓06263312		04/20/202	04/03/202	05/03/202			525.40	0.00	0.00	525.40	✓	
	<del>SUPPLIES</del>	adult reusable sensor										
✓06269349		04/22/202	04/08/202	05/08/202			36.25	0.00	0.00	36.25	✓	
	SUPPLIES											
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net		
	10152	PARTSSOURCE, LLC						561.65	0.00	0.00	561.65	
Vendor#	Vendor Name		Class	Pay Code								
11080	RADSOURCE											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net		
✓PSI009725		04/22/202	04/12/202	05/07/202			2,050.00	0.00	0.00	2,050.00	✓	
	RAD SERVICE AGREEMENT											
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net		
	11080	RADSOURCE						2,050.00	0.00	0.00	2,050.00	
Vendor#	Vendor Name		Class	Pay Code								
18396	RQI PARTNERS LLC											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net		
✓INV38399		04/22/202	11/25/202	11/25/202			2,160.00	0.00	0.00	2,160.00	✓	
	NRP LICENSE SUBSCRIPTION											
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net		
	18396	RQI PARTNERS LLC						2,160.00	0.00	0.00	2,160.00	
Vendor#	Vendor Name		Class	Pay Code								
S2001	SIEMENS MEDICAL SOLUTIONS INC											
			M									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net		
✓116895376		04/22/202	04/16/202	05/11/202			2,617.41	0.00	0.00	2,617.41	✓	
	NUC MED CONTRACT											
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net		
	S2001	SIEMENS MEDICAL SOLUTIONS INC						2,617.41	0.00	0.00	2,617.41	
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		
✓1813182		04/20/202	04/16/202	04/21/202			32.50	0.00	0.00	32.50	✓	
	Labor equipment											
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net		
	12288	SPBS CLINICAL EQUIPMENT SRVC						32.50	0.00	0.00	32.50	
Vendor#	Vendor Name		Class	Pay Code								
S3960	STERICYCLE, INC											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net		
✓8014055002		04/21/202	04/18/202	04/18/202			3,354.29	0.00	0.00	3,354.29	✓	
	BIOHAZARD WASTE DISPOSAL											
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net		
	S3960	STERICYCLE, INC						3,354.29	0.00	0.00	3,354.29	
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		
✓9212033194		04/21/202	04/13/202	05/13/202			1,028.65	0.00	0.00	1,028.65	✓	
	<del>SUPPLIES</del>	Venom cannula										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net		
	10735	STRYKER SALES, LLC						1,028.65	0.00	0.00	1,028.65	
Vendor#	Vendor Name		Class	Pay Code								

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
17248	SUMMIT PAIN AND WELLNESS									
✓1540		04/20/202	04/13/202	05/13/202			3,440.00	0.00	0.00	3,440.00 ✓
	<i>Service for 4/10/20</i>									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
17248 SUMMIT PAIN AND WELLNESS							3,440.00	0.00	0.00	3,440.00
Vendor#	Vendor Name	Class		Pay Code						
11039	THE BRATTON FIRM									
✓041626		04/22/202	04/16/202	04/16/202			470.45	0.00	0.00	470.45 ✓
	MVA ACCNT COLLECTIONS/FEEES									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11039 THE BRATTON FIRM							470.45	0.00	0.00	470.45
Vendor#	Vendor Name	Class		Pay Code						
14064	TREVIPAY- WALMART									
✓6E4B60DD		04/22/202	04/17/202	04/17/202			59.91	0.00	0.00	59.91 ✓
	<del>SUPPLIES</del> <i>Go Fan Blue Steel x 3</i>									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
14064 TREVIPAY- WALMART							59.91	0.00	0.00	59.91
Vendor#	Vendor Name	Class		Pay Code						
T3130	TRI-ANIM HEALTH SERVICES INC	M								
✓601231419		04/21/202	04/16/202	05/11/202			420.86	0.00	0.00	420.86 ✓
	<del>SUPPLIES</del> <i>Oscillatory Pep Therapy System</i>									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
T3130 TRI-ANIM HEALTH SERVICES INC							420.86	0.00	0.00	420.86
Vendor#	Vendor Name	Class		Pay Code						
C2510	TRUBRIDGE	M								
✓T2604151378		04/20/202	04/15/202	05/10/202			130,129.79	0.00	0.00	130,129.79 ✓
	<i>Business Services</i>									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
C2510 TRUBRIDGE							130,129.79	0.00	0.00	130,129.79
Vendor#	Vendor Name	Class		Pay Code						
U1064	UNIFIRST HOLDINGS INC									
✓2921084778		04/20/202	04/06/202	04/06/202			229.42	0.00	0.00	229.42 ✓
✓2921085102	UNIFORMS	04/20/202	04/09/202	05/04/202			332.40	0.00	0.00	332.40 ✓
✓2921085708	UNIFORMS	04/20/202	04/16/202	05/11/202			318.73	0.00	0.00	318.73 ✓
✓2921085724	SUPPLIES/LINENS	04/20/202	04/16/202	05/11/202			350.22	0.00	0.00	350.22 ✓
✓2921085723	SUPPLIES/LINENS	04/20/202	04/16/202	05/11/202			6,095.20	0.00	0.00	6,095.20 ✓
✓2921085703	SUPPLIES/LINENS	04/20/202	04/16/202	05/11/202			54.89	0.00	0.00	54.89 ✓
✓2921085714	SUPPLIES	04/20/202	04/16/202	05/11/202			458.13	0.00	0.00	458.13 ✓
✓2921085892	LINENS/SUPPLIES	04/21/202	04/20/202	04/20/202			233.96	0.00	0.00	233.96 ✓
✓2921085830	UNIFORMS	04/21/202	04/20/202	05/10/202			45.96	0.00	0.00	45.96 ✓
✓2921085923	SUPPLIES	04/21/202	04/20/202	05/10/202			3,990.39	0.00	0.00	3,990.39 ✓

GOWNS

Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		U1064	UNIFIRST HOLDINGS INC		12,109.30	0.00	0.00	12,109.30		
Vendor#	Vendor Name		Class	Pay Code						
18392	UPTODATE INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ INPS140603		04/23/202	04/15/202	04/15/202			14,323.56	0.00	0.00	14,323.56 ✓
		SENTRI 7 BUNDLE 041524-041429								
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		18392	UPTODATE INC		14,323.56	0.00	0.00	14,323.56		
Vendor#	Vendor Name		Class	Pay Code						
15444	VANDERBILT HEALTH									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ CI00140085		04/21/202	04/01/202	04/01/202			450.00	0.00	0.00	450.00 ✓
		ANNUAL FEE: APRIL-JUNE 2026								
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		15444	VANDERBILT HEALTH		450.00	0.00	0.00	450.00		
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
✓ 9112171634		04/20/202	04/07/202	05/02/202			255.80	0.00	0.00	255.80 ✓
✓ 9112176362	<del>SUPPLIES</del> HemosIL RecombiPlastin 20mL x4	04/20/202	04/13/202	05/08/202			522.60	0.00	0.00	522.60 ✓
✓ 9112179562	<del>SUPPLIES</del> HemosIL D-Dimer Controls x6	04/20/202	04/15/202	05/10/202			1,571.67	0.00	0.00	1,571.67 ✓
		CONTRACT								
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		I1110	WERFEN USA LLC		2,350.07	0.00	0.00	2,350.07		
Vendor#	Vendor Name		Class	Pay Code						
10556	WOUND CARE SPECIALISTS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ WCS00007849		04/20/202	04/14/202	05/13/202			20,017.00	0.00	0.00	20,017.00 ✓
		MARCH WOUND CARE SERVICES								
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		10556	WOUND CARE SPECIALISTS		20,017.00	0.00	0.00	20,017.00		
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
✓ 9005498161		04/20/202	04/07/202	04/20/202			1,015.00	0.00	0.00	1,015.00 ✓
✓ 9005498162	<del>SUPPLIES</del> Suture passer needle	04/20/202	04/07/202	04/20/202			203.00	0.00	0.00	203.00 ✓
		<del>SUPPLIES</del> " "								
Vendor Totals:		Number	Name		Gross	Discount	No-Pay	Net		
		Z1005	ZIMMER US, INC.		1,218.00	0.00	0.00	1,218.00		

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	591,414.70	0.00	0.00	<del>591,414.70</del> \$ 587,544.70

APPROVED ON

APR 24 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

chk #'s 212796-212873

591,414.70 +  
 9,802.25 - incorrect invoice  
 5,932.25 + correct invoice  
 587,544.70 \* new total

# RECEIVED

APR 27 2026

04/27/2026  
11:04

Calhoun County Auditor

MEMORIAL MEDICAL CENTER  
AP Open Invoice List  
Due Dates Through: 05/14/2026

0  
ap\_open\_invoice.template

Vendor# Vendor Name

Class Pay Code

10371 LOFTIN EQUIPMENT COMPANY

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓00082961R		04/27/202	03/26/202	04/25/202			5,932.25	0.00	0.00	5,932.25 ✓

FUEL TANK SERVICE | Corrected

Vendor Totals: Number Name

Number	Name	Gross	Discount	No-Pay	Net
10371	LOFTIN EQUIPMENT COMPANY	5,932.25	0.00	0.00	5,932.25

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	5,932.25	0.00	0.00	5,932.25

APPROVED ON

APR 27 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

# RECEIVED

APR 24 2026

RUN DATE: 04/23/26  
TIME: 11:02

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
✓ 1569397	01	042226	72.19	✓	3		
✓ 1610978	01	TX 77983 042226	325.85	✓	3		
✓ 1611718	01	TX 77979 042226	432.00	✓	3		
✓ 1626323	01	SD 57532 042226	60.00	✓	2		
✓ 1628316	01	TX 77905 042226	67.00	✓	2		
✓ 1629487	01	TX 78377 042226	61.00	✓	2		
✓ 1630041	01	TX 77979 042226	151.49	✓	2		
✓ 1637272	01	TX 77905 042226	465.24	✓	2		
✓ 1637509	01	TX 77465 042226	50.00	✓	2		
✓ 1638497	01	TX 77979 042226	50.00	✓	3		
✓ 1638594	01	TX 77979 042226	323.12	✓	2		
✓ 1640520	01	TX 77982 042226	34.67	✓	2		
✓ 1640561	01	TX 77979 042226	160.00	✓	3		
✓ 1641435	01	TX 77979 042226	23.37	✓	2		
		TX 77979					

RUN DATE: 04/23/26  
TIME: 11:02

MEMORIAL MEDICAL CENTER  
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 2  
APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
✓ 1642833	01	042226	14.07	✓	2		
✓ 1644136	01	TX 77983 042226	270.52	✓	2		
✓ 1645547	01	TX 77979 042226	138.60	✓	2		
✓ 1647006	01	TX 77979 042226	159.63	✓	2		
✓ 1651751	01	TX 77979 042226	257.00	✓	2		
✓ 1653495	01	TX 78377 042226	21.34	✓	2		
✓ 1655861	01	TX 77982 042226	82.49	✓	2		
✓ 1656399	01	TX 77979 042226	141.80	✓	2		
✓ 1656930	01	TX 77983 042226	38.00	✓	2		
✓ 1656986	01	TX 77979 042226	107.64	✓	2		
✓ 1657256	01	TX 77979 042226	32.54	✓	3		
✓ 1660163	01	TX 77979 042226	49.01	✓	2		
✓ 1661199	01	TX 77979 042226	158.65	✓	2		
		TX 77983					

RUN DATE: 04/23/26  
TIME: 11:02

MEMORIAL MEDICAL CENTER  
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 3  
APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
✓ 1662572	01	042226	93.54	✓	2		
✓ 1663207	01	TX 77465 042226	30.00	✓	3		
✓ 1663351	01	TX 77982 042226	96.49	✓	2		
✓ 1664121	01	TX 77979 042226	100.00	✓	3		
✓ 1665988	01	TX 78589 042226	660.00	✓	2		
✓ 6017726	01	TX 77968 042226	12.12	✓	5		
✓ 6029257	01	TX 77982 042226	120.00	✓	5		
		TX 78377					
ARID=0001 TOTAL			4859.37				
TOTAL			4859.37				

APPROVED ON

APR 24 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CHK #'s 212877-212910

RUN DATE:04/28/26  
TIME:09:07

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
04/29/26 THRU 04/29/26

PAGE 1  
GLCKREG

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

A/P	212796	04/29/26	348.59	ALL PHASE BUSINESS SUPPLIES
A/P	212797	04/29/26	755.98	AMAZON CAPITAL SERVICES
A/P	212798	04/29/26	610.00	ARTHREX, INC
A/P	212799	04/29/26	183.17	BAXTER HEALTHCARE
A/P	212800	04/29/26	1,170.32	BAYER HEALTHCARE
A/P	212801	04/29/26	.00	VOIDED
A/P	212802	04/29/26	25,036.02	BECKMAN COULTER INC
A/P	212803	04/29/26	199.00	BEEKLEY CORPORATION
A/P	212804	04/29/26	5,546.83	BIO-RAD LABORATORIES, INC
A/P	212805	04/29/26	14,103.00	BIOMERIEUX, INC
A/P	212806	04/29/26	212.00	CARDINAL HEALTH 414, INC.
A/P	212807	04/29/26	1,790.00	CAREFUSION SOLUTIONS, LLC
A/P	212808	04/29/26	326.00	CARESFIELD
A/P	212809	04/29/26	5,204.69	CDW GOVERNMENT, INC.
A/P	212810	04/29/26	635.24	CHEMAQUA
A/P	212811	04/29/26	15,291.97	CLINICAL PATHOLOGY LABS
A/P	212812	04/29/26	6,371.16	COMPUGROUP MEDICAL - EMDS INC.
A/P	212813	04/29/26	83.20	COMMED LINVATEC
A/P	212814	04/29/26	731.87	CONTROL SOLUTIONS
A/P	212815	04/29/26	28.28	DETAR HOSPITAL
A/P	212816	04/29/26	1,308.68	DEWITT POTH & SON
A/P	212817	04/29/26	499.20	DIRECTV ENTERTAINMENT HOLDINGS
A/P	212818	04/29/26	145,633.56	DISCOVERY MEDICAL NETWORK INC
A/P	212819	04/29/26	145.00	DOWELL PEST CONTROL
A/P	212820	04/29/26	3,600.00	DR JOHN CLINTON
A/P	212821	04/29/26	5,400.00	DR. TIMU KWI
A/P	212822	04/29/26	381.54	EITAN GROUP NORTH AMERICA, INC
A/P	212823	04/29/26	50,437.50	EMERGENCY STAFFING SOLUTIONS
A/P	212824	04/29/26	169.50	ERBE USA INC SURGICAL SYSTEMS
A/P	212825	04/29/26	2,250.00	EVOLOGICS
A/P	212826	04/29/26	1,691.25	FEDLOGIC LLC
A/P	212827	04/29/26	.00	VOIDED
A/P	212828	04/29/26	9,588.02	FISHER HEALTHCARE
A/P	212829	04/29/26	2,047.50	FUSION MEDICAL STAFFING, LLC
A/P	212830	04/29/26	13,695.01	GE PRECISION HEALTHCARE, LLC
A/P	212831	04/29/26	101.28	GRAINGER
A/P	212832	04/29/26	29,114.00	HOSPITAL CARE CONSULTANTS INC.
A/P	212833	04/29/26	579.30	JENISE SVETLIK
A/P	212834	04/29/26	2,900.00	JOHN B WRIGHT LLC
A/P	212835	04/29/26	402.85	LEGAL SHIELD
A/P	212836	04/29/26	5,932.25	LOFTIN EQUIPMENT COMPANY
A/P	212837	04/29/26	895.00	M G TRUST
A/P	212838	04/29/26	530.00	MANAGED CARE PARTNERS INC.
A/P	212839	04/29/26	38.05	MARKETLAB, INC
A/P	212840	04/29/26	22.68	MCKESSON MEDICAL SURGICAL INC
A/P	212841	04/29/26	1,565.00	MEDICAL AIR SERVICES ASSOC.
A/P	212842	04/29/26	2,760.00	MEDICAL SOLUTIONS LLC
A/P	212843	04/29/26	.00	VOIDED
A/P	212844	04/29/26	6,901.03	MEDLINE INDUSTRIES INC
A/P	212845	04/29/26	227.00	MEDTRONIC USA, INC.

RUN DATE:04/28/26  
TIME:09:07

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
04/29/26 THRU 04/29/26

PAGE 2  
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	212846	04/29/26	144.90	METTLER-TOLEDO RAININ, LLC
A/P	212847	04/29/26	468.21	MMC AUXILIARY GIFT SHOP
A/P	212848	04/29/26	.00	VOIDED
A/P	212849	04/29/26	7,238.49	MORRIS & DICKSON CO, LLC
A/P	212850	04/29/26	89.44	MSTS RECEIVABLES LLC
A/P	212851	04/29/26	307.84	MXR IMAGING, INC
A/P	212852	04/29/26	75.88	NACOGDOCHES TRANSCRIPTION
A/P	212853	04/29/26	3,118.98	NATIONAL FARM LIFE INSURANCE
A/P	212854	04/29/26	10,740.00	NEOGENOMICS LABORATORIES
A/P	212855	04/29/26	1,125.00	OLYMPUS AMERICA INC
A/P	212856	04/29/26	561.65	PARTSSOURCE, LLC
A/P	212857	04/29/26	2,050.00	RADSOURCE
A/P	212858	04/29/26	2,160.00	RQI PARTNERS LLC
A/P	212859	04/29/26	2,617.41	SIEMENS MEDICAL SOLUTIONS INC
A/P	212860	04/29/26	32.50	SPBS CLINICAL EQUIPMENT SRVC
A/P	212861	04/29/26	3,354.29	STERICYCLE, INC
A/P	212862	04/29/26	1,028.65	STRYKER SALES, LLC
A/P	212863	04/29/26	3,440.00	SUMMIT PAIN AND WELLNESS
A/P	212864	04/29/26	470.45	THE BRATTON FIRM
A/P	212865	04/29/26	59.91	TREVIPAY- WALMART
A/P	212866	04/29/26	420.86	TRI-ANIM HEALTH SERVICES INC
A/P	212867	04/29/26	130,129.79	TRUBRIDGE
A/P	212868	04/29/26	12,109.30	UNIFIRST HOLDINGS INC
A/P	212869	04/29/26	14,323.56	UPTODATE INC
A/P	212870	04/29/26	450.00	VANDERBILT HEALTH
A/P	212871	04/29/26	2,350.07	WERFEN USA LLC
A/P	212872	04/29/26	20,017.00	WOUND CARE SPECIALISTS
A/P	212873	04/29/26	1,218.00	ZIMMER US, INC.
A/P	212874	04/29/26	3,035.98	CANTEX HEALTH CARE CENTERS LLC
A/P	212875	04/29/26	73,575.70	GOLDENCREEK HEALTHCARE
A/P	212876	04/29/26	228,804.95	TUSCANY VILLAGE
A/P	212877	04/29/26	23.37	
A/P	212878	04/29/26	270.52	
A/P	212879	04/29/26	138.60	
A/P	212880	04/29/26	61.00	
A/P	212881	04/29/26	14.07	
A/P	212882	04/29/26	432.00	
A/P	212883	04/29/26	100.00	
A/P	212884	04/29/26	49.01	
A/P	212885	04/29/26	50.00	
A/P	212886	04/29/26	323.12	
A/P	212887	04/29/26	30.00	
A/P	212888	04/29/26	141.80	
A/P	212889	04/29/26	93.54	
A/P	212890	04/29/26	32.54	
A/P	212891	04/29/26	151.49	
A/P	212892	04/29/26	107.64	
A/P	212893	04/29/26	660.00	
A/P	212894	04/29/26	325.85	
A/P	212895	04/29/26	60.00	
A/P	212896	04/29/26	21.34	

RUN DATE:04/28/26  
TIME:09:07

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
04/29/26 THRU 04/29/26

PAGE 3  
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	212897	04/29/26	12.12	
A/P	212898	04/29/26	72.19	
A/P	212899	04/29/26	159.63	
A/P	212900	04/29/26	465.24	
A/P	212901	04/29/26	34.67	
A/P	212902	04/29/26	160.00	
A/P	212903	04/29/26	96.49	
A/P	212904	04/29/26	50.00	
A/P	212905	04/29/26	38.00	
A/P	212906	04/29/26	82.49	
A/P	212907	04/29/26	158.65	
A/P	212908	04/29/26	67.00	
A/P	212909	04/29/26	257.00	
A/P	212910	04/29/26	120.00	
TOTALS:			897,820.70	

587,544.70 + payables  
4,859.37 + patient refunds  
3,035.98 + Cantex  
73,575.70 + Golden Creek  
228,804.95 + Tuscany  
897,820.70 ✓

# MCKESSON

# STATEMENT

As of: 04/24/2026

Page: 003

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: 04/25/2026

As of: 04/24/2026 Page: 003  
 Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
 Statement for information only

Cust: 632536 PLEASE CHECK ANY  
 Date: 04/25/2026 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: 7,989.49 USD

Future Due: 0.00

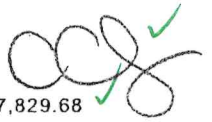
Past Due: 0.00

Last Payment 2,451.97  
 08/07/2017

If Paid By 04/28/2026,  
 Pay This Amount: 7,829.68 USD

If Paid After 04/28/2026,  
 Pay this Amount: 7,989.49 USD

Due If Paid On Time: USD 7,829.68  
 Disc lost if paid late: 159.81  
 Due If Paid Late: USD 7,989.49



APPROVED ON

APR 27 2026

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

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

# MCKESSON

# STATEMENT

As of: 04/24/2026

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

Customer: 256342  
 Date: 04/25/2026

As of: 04/24/2026  
 Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
 Statement for information only

Cust: 256342  
 Date: 04/25/2026

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
Customer Number 256342 WALMART 1098/MEM MED PHS											
04/20/2026	04/28/2026	7630399042		268231203	115Invoice	0.36	17.94		17.58		7630399042
04/20/2026	04/28/2026	7630399043		278270882	115Invoice	10.87	543.51		532.64		7630399043
04/21/2026	04/28/2026	7630642259		278451880	115Invoice	5.44	271.76		266.32		7630642259
04/21/2026	04/28/2026	7630642260		277610504	115Invoice	2.36	118.22		115.86		7630642260
04/21/2026	04/28/2026	7630642261		278451880	115Invoice	0.01	0.63		0.62		7630642261
04/21/2026	04/28/2026	7630642262		271771721	115Invoice	0.01	0.63		0.62		7630642262
04/21/2026	04/28/2026	7630652149		275125517	115Invoice	2.13	106.74		104.61		7630652149
04/21/2026	04/28/2026	7630652150		278524900	115Invoice	0.01	0.32		0.31		7630652150
04/21/2026	04/28/2026	7630652151		278451880	115Invoice	4.31	215.43		211.12		7630652151
04/21/2026	04/28/2026	7630652152		278451880	115Invoice	60.59	3,029.44		2,968.85		7630652152
04/22/2026	04/28/2026	7630901543		278619738	115Invoice	1.48	74.08		72.60		7630901543
04/22/2026	04/28/2026	7630901544		273290626	115Invoice	0.76	38.13		37.37		7630901544
04/22/2026	04/28/2026	7630901545		275707794	115Invoice	1.53	76.27		74.74		7630901545
04/22/2026	04/28/2026	7630901546		278619738	115Invoice	0.01	0.32		0.31		7630901546
04/22/2026	04/28/2026	7630901547		278619738	115Invoice	2.88	144.12		141.24		7630901547
04/23/2026	04/28/2026	7631132568		275707794	115Invoice	0.76	38.13		37.37		7631132568
04/23/2026	04/28/2026	7631132569		276858335	115Invoice	1.53	76.27		74.74		7631132569
04/23/2026	04/28/2026	7631132570		278784855	115Invoice	5.44	271.76		266.32		7631132570
04/23/2026	04/28/2026	7631132571		278857513	115Invoice	5.11	255.41		250.30		7631132571
04/23/2026	04/28/2026	7631140568		278784855	115Invoice	4.45	222.37		217.92		7631140568
04/23/2026	04/28/2026	7631140569		278784855	115Invoice	2.88	144.12		141.24		7631140569
04/23/2026	04/28/2026	7631140570		278784855	115Invoice	0.02	0.95		0.93		7631140570
04/23/2026	04/28/2026	7631140571		278784855	115Invoice	32.44	1,621.98		1,589.54		7631140571
04/24/2026	04/28/2026	7631355315		276955777	115Invoice	5.44	271.76		266.32		7631355315
04/24/2026	04/28/2026	7631355316		278935740	115Invoice	4.25	212.43		208.18		7631355316
04/24/2026	04/28/2026	7631355317		277871374	115Invoice	4.73	236.45		231.72		7631355317
04/24/2026	04/28/2026	7631355318		278935740	115Invoice	0.01	0.32		0.31		7631355318

APPROVED ON

APR 27 2026

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

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

# MCKESSON

# STATEMENT

As of: 04/24/2026

Page: 002

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

Company: 8000

DC: 8115  
 Customer INV SupplD:  
 Territory: 7001

As of: 04/24/2026 Page: 002  
 Mail to: Comp: 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

Customer: 256342  
 Date: 04/25/2026

AMT DUE REMITTED VIA ACH DEBIT  
 Statement for information only

Cust: 256342 PLEASE CHECK ANY  
 Date: 04/25/2026 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: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 7,989.49 USD

Future Due: 0.00

Due If Paid On Time: 7,829.68 USD ✓

Past Due: 0.00

If Paid By 04/28/2026, Pay This Amount: 7,829.68 USD

Disc lost if paid late: 159.81

Last Payment 04/20/2026 464,076.77

If Paid After 04/28/2026, Pay this Amount: 7,989.49 USD

Due If Paid Late: 7,989.49 USD

APPROVED ON

APR 27 2026

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

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

Serviced By:

AMERISOURCEBERGEN DRUG CORP  
12727 W. AIRPORT BLVD. ✓  
SUGAR LAND TX 77478-6101

DEA: RA0289276  
866-451-9655

Customer:

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

Remit To:

AMERISOURCEBERGEN  
PO Box 905223  
CHARLOTTE NC 28290-5223

**Customer Number**

100135284 / 037028186

**Terms**

Sat - Fri Due in 7 days

**Summary**

Not Yet Due:	0.00
Current:	52.80
Past Due:	0.00
Total Due:	52.80
Account Balance:	52.80

**Account Activity**

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
04-20-2026	05-01-2026	3248657193 ✓	7011828448	Invoice	22.06		0.00	22.06 ✓
04-20-2026	05-01-2026	3248657194 ✓	7011835659	Invoice	1.76		0.00	1.76 ✓
04-21-2026	05-01-2026	3248808987 ✓	7011840977	Invoice	4.76		0.00	4.76 ✓
04-24-2026	05-01-2026	3249225190 ✓	7011855515	Invoice	24.22		0.00	24.22 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
52.80	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
04-20-2026	(2,643.92)

Reminders	
Due Date	Amount
05-01-2026	52.80
<b>Total Due:</b>	<b>52.80</b>

APPROVED ON  
APR 27 2026  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

**Served By:**  
AMERISOURCEBERGEN DRUG CORP  
501 PATRIOT PARKWAY  
ROANOKE TX 76262-6336  
  
DEA: RA0316958  
866-451-9655

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

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

<b>Customer Number</b>	
100566356 / 100566356	
<b>Terms</b>	
Sat - Fri Due in 7 days	
<b>Summary</b>	
Not Yet Due:	0.00
Current:	28.77
Past Due:	0.00
Total Due:	28.77
Account Balance:	28.77

### Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
04-20-2026	05-01-2026	3248643477 ✓	7011828669	Invoice	3.73		0.00	3.73 ✓
04-21-2026	05-01-2026	3248855130 ✓	7011844848	Invoice	5.98		0.00	5.98 ✓
04-23-2026	05-01-2026	3249122947 ✓	7011855212	Invoice	7.33		0.00	7.33 ✓
04-24-2026	05-01-2026	3249254662 ✓	7011862108	Invoice	11.73		0.00	11.73 ✓

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
28.77	0.00	0.00	0.00	0.00	0.00	0.00

Reminders	
Due Date	Amount
05-01-2026	28.77
<b>Total Due:</b>	<b>28.77</b>



APPROVED ON

APR 27 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

COJ ✓

\$69,806.58 deposited on 4/20 to cover  
this register.- cc

APPROVED ON  
APR 27 2026  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

\$58,526.70 ✓  


APPROVED ON  
APR 27 2026  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

6195	76360	3	3	0	2025	238000066	1000	4/20/2026	-\$468.00	1 DANIEL G HERRERA MD	P	379	0	SMNI	T	6/6/2025	6/8/2025	861395398
8245	76351	1	70	0	2026	105001143	0	4/20/2026	\$20.37	1 CLINICAL PATHOLOGY LABS INC	P	172	0	AB	F	3/26/2026	3/26/2026	742554159
8247	76351	2	33	0	2026	105001072	0	4/20/2026	\$9.16	1 CLINICAL PATHOLOGY LABS INC	P	172	0	AB	F	3/20/2026	3/20/2026	742554159
8248	76351	3	76	0	2026	105001828	0	4/20/2026	\$19.10	1 VICTORIA HEART VASCULAR CENTER	P	457	0	OVS	F	3/25/2026	3/25/2026	562784144
8249	76351	3	69	1	2026	105001300	0	4/20/2026	\$32.25	1 PORT LAVACA CLINIC ASSOCIATES	P	177	0	OV	F	3/26/2026	3/26/2026	742605670
8250	76351	3	43	0	2026	105001326	0	4/20/2026	\$34.10	1 SINGLETON ASSOCIATES PA	P	181	0	XRAY	F	3/23/2026	3/23/2026	741680498
8251	76351	3	29	0	2026	105000999	0	4/20/2026	\$40.33	1 SINGLETON ASSOCIATES PA	P	181	0	XRAY	F	3/25/2026	3/25/2026	741680498
8253	76351	3	8	0	2026	105001282	0	4/20/2026	\$65.89	1 PORT LAVACA CLINIC ASSOCIATES	P	728	0	TELM	F	3/25/2026	3/25/2026	742605670
8254	76351	3	82	1	2026	105001108	0	4/20/2026	\$66.45	1 CHILDRENS PHYSICIAN SERVICES	P	177	0	OV	F	3/11/2026	3/11/2026	742620408
8257	76351	3	88	0	2026	105001110	0	4/20/2026	\$241.29	1 SINGLETON ASSOCIATES PA	P	172	0	AB	F	3/26/2026	3/26/2026	741680498
8258	76351	3	75	0	2026	105001285	0	4/20/2026	\$262.95	1 SINGLETON ASSOCIATES PA	P	321	0	MRI	F	3/20/2026	3/20/2026	741680498
8259	76351	3	91	0	2026	106000066	0	4/20/2026	\$321.24	1 SINGLETON ASSOCIATES PA	P	324	0	CAT	F	3/4/2026	3/4/2026	741680498
8261	76351	3	24	0	2026	105001401	0	4/20/2026	\$356.45	1 PORT LAVACA CLINIC ASSOCIATES	P	172	0	AB	F	4/3/2026	4/3/2026	742605670
8262	76351	3	82	1	2026	105001382	0	4/20/2026	\$812.84	1 ANNE VO	P	172	0	AB	F	3/24/2026	3/24/2026	462389484
8263	76351	3	72	0	2026	84001007	0	4/20/2026	\$1,213.30	1 CITIZENS MEDICAL PROFESSIONALS	P	447	0	RT	F	6/17/2025	7/9/2025	471158090
8264	76351	3	9	1	2026	103000090	0	4/20/2026	\$4,166.18	1 MED CENTER OF SOUTHEAST TEXAS	P	406	0	ER	F	3/2/2026	3/2/2026	994785659
8265	76351	999	37	0	2026	105001176	0	4/20/2026	\$546.98	1 CITIZENS MEDICAL PROFESSIONALS	P	405	0	AOQ	F	12/16/2025	12/16/2025	471158090
8266	76360	3	21	1	2026	105000412	0	4/20/2026	\$77.50	1 HPCMS LLC	P	604	0	CASE	F	3/27/2026	3/27/2026	271837628
8268	76360	3	71	0	2026	103000058	0	4/20/2026	\$153.40	1 PETER LAM	P	457	0	OVS	F	2/24/2026	2/24/2026	742208337
8269	76360	3	3	0	2026	107001394	0	4/20/2026	\$468.00	1 DANIEL G HERRERA MD	P	379	0	SMNI	F	6/6/2025	6/8/2025	861395398
8270	76360	999	35	0	2026	105001907	0	4/20/2026	\$104.70	1 INPATIENT HOSPITALISTS TEXAS MEDICAL	P	188	0	HV	F	8/30/2025	8/30/2025	830594617
8271	76360	999	35	0	2026	105001925	0	4/20/2026	\$108.75	1 INPATIENT HOSPITALISTS TEXAS MEDICAL	P	188	0	HV	F	8/24/2025	8/24/2025	830594617

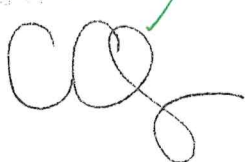
\$9,121.23

TOTAL CHECKS \$9,121.23  
TOTAL VOIDS (\$468.00)  
TOTAL TO FUND \$9,121.23

APPROVED ON

APR 27 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

\$13,825.56 ✓  


APPROVED ON

APR 27 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

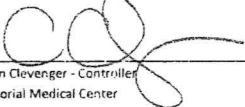
APPROVED ON

APR 27 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER  
PROSPERITY BANK  
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Apr 20, 2026 - Apr 26, 2026

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten" Check #	GL number
4/20/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#131057684 130962487	- 3rd Party Payor Fee	83.75	902358	40440076
4/20/2026	WEBFILE TAX PYMT CPA TAX PAYMENTS - DD 902/8 2338132	- Sales Tax	2,553.25	902359	AMNT BEFORE DISCOUNT:20300000 TIMELY
4/21/2026	MCKESSON DRUG - AUTO ACH ACH07005297	- 340B Drug Program Expense	464,076.77	902360	60310000
4/21/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#131466210 131257644	- 3rd Party Payor Fee	939.64	902361	40440076
4/22/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#131893951 131615173	- 3rd Party Payor Fee	1,012.90	902362	40440076
4/23/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#132212621 132086927	- 3rd Party Payor Fee	100.36	902363	40440076
4/24/2026	AMERISOURCE BERG - PAYMENTS 100007768	- 340B Drug Program Expense	2,643.92	902364	60310000
4/24/2026	Domestic Wire Withdrawal WIRE OUT U.S. BANK C ORPORATE PAYMENT SYSTEM	- US Bank Credit Card Payment	8,109.32	902365	20050000
4/24/2026	HEALTHEQUITY INC - HealthEqui	- EmpDeduct/Employer Contribut	1,075.82	902366	PAYROLL- 20280000
4/24/2026	MEMORIAL MEDICAL - PAYROLL	- Payroll	393,633.39		
4/24/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#132586237 132361461	- 3rd Party Payor Fee	32.59	902367	40440076
			<u>874,261.71</u>		

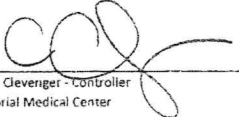
  
Caitlin Clevenger - Controller  
Memorial Medical Center

April 27, 2026

\* approved on 4.22.26 cc  
a less amount was approved  
on 4.15.26 difference approved  
4.29.26 cc

PROSPERITY BANK  
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
4/30/2026	- STATE COMTRLR TEXNET	HARP IGT	1,634.20
5/1/2026	- STATE COMTRLR TEXNET	ATLIS IGT	603,510.03
			<u>605,144.23</u>

  
Caitlin Clevenger - Controller  
Memorial Medical Center

April 27, 2026

2,553.25 +  
2,083.38 -  
469.87

874,261.71 +	
2,553.25 -	83.75 +
464,076.77 -	939.64 +
2,643.92 -	1,012.90 +
8,109.32 -	100.36 +
1,075.82 -	32.59 +
393,633.39 -	2,169.24
2,169.24 -	
0.00 =	

pay plus

## Brooklynn Harvey

---

**From:** agibson@mmcportlavaca.com (Autumn Gibson) <agibson@mmcportlavaca.com>  
**Sent:** Monday, April 27, 2026 1:30 PM  
**To:** Brooklynn Harvey; Caitlin Clevenger  
**Subject:** RE: Sales Tax Electronic Transfers  
**Attachments:** March Confirmation 2026.pdf

**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.

Ok so I sent you the wrong month.  
This is March Sales Tax

Does this help or do you need something further?  
Just let me know

Autumn

**From:** Brooklynn Harvey <Brooklynn.Harvey@calhouncotx.org>  
**Sent:** Monday, April 27, 2026 1:26 PM  
**To:** Autumn Gibson <agibson@mmcportlavaca.com>; Caitlin Clevenger <cclevenger@mmcportlavaca.com>  
**Subject:** Sales Tax Electronic Transfers

**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,


I just had a question on the Sales Tax that is highlighted. I saw a note next to it saying that is the amount before the discount, but as I am going back on reports, I'm not matching that total to anything. Is there any back up that can be given for that?

Thank you,

**Brooklynn Harvey**

Calhoun County  
Assistant Auditor  
202 S. Ann Suite B  
Port Lavaca, TX 77979  
Phone: 361-553-4615

Calhoun County Texas

 Confirmation: You Have Filed Successfully

**Sales and Use Tax** Period Ending 03/31/2026 (2603)

<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>	cclevenger@mmcpportlavaca.com
<b>Date and Time of Filing:</b>	815 N VIRGINIA ST PORT LAVACA , TX	<b>Telephone Number:</b> (361) 552-0272
04/09/2026, 09:16:12 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> \$1,934.28	<b>Trace Number:</b> [REDACTED]	<b>Accountholder Name:</b> Prosperity
<b>Local Amount:</b> \$618.97		<b>Bank Routing Number:</b> [REDACTED]
<b>Amount to Pay:</b> \$2,553.25		<b>Bank Account Number:</b> [REDACTED]
<b>Electronic Check:</b> \$2,553.25		<b>Payment Effective Date:</b> 04/19/2026

**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

**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	31,104	31,104	0.00	31,104	1,944	31,104	0.02	622.08
<b>SubTotal</b>	<b>31,104</b>	<b>31,104</b>	<b>0</b>	<b>31,104</b>	<b>1,944</b>	<b>31,104</b>		<b>622.08</b>

**Total Tax for Locations**

Total Tax Due:	2,566.08
Timely Filing Discount:	- \$12.83
Balance Due:	<b>\$2,553.25</b>
Pending Payments:	- \$0.00

*\*Amount that came out of account.  
 \*approved amount \$2,553.25  
 \$ 2083.38*

Total Amount Due and Payable:

\$2,553.25

( State amount due is \$1,934.28 ) ( Local amount due is \$618.97 )



**Transaction Summary**

Transaction Complete  
Trace # [REDACTED]

**Texas Health and Human Services Commission  
Memorial Medical Center Operating County**  
[REDACTED]

Payment Total	\$603,510.03 ✓
Bank Routing and Account Number	[REDACTED]
Settlement Date	5/1/2026
ATLIS Amount	\$603,510.03 ✓
Entered By	Caitlin Clevenger



**Transaction Summary**

Transaction Complete

Trace #: [REDACTED]

**Texas Health and Human Services Commission  
Memorial Medical Center Operating County**  
[REDACTED]

Payment Total	\$1,634.20 ✓
Bank Routing and Account Number	[REDACTED]
Settlement Date	4/30/2026
HARP Non-State Amount	\$1,634.20 ✓
Entered By	Caitlin Clevenger

# RECEIVED

APR 24 2026

04/22/2026  
18:11

Calhoun County Auditor

MEMORIAL MEDICAL CENTER  
AP Open Invoice List  
Due Dates Through: 05/15/2026

0  
ap\_open\_invoice.template

Vendor# Vendor Name

Class Pay Code

11088 CANTEX HEALTH CARE CENTERS LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
041726	ins. pay. dep. into mmc opt. error	04/22/202	04/17/202	05/15/202			3,035.98	0.00	0.00	3,035.98

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11088	CANTEX HEALTH CARE CENTERS LLC	3,035.98	0.00	0.00	3,035.98

### Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,035.98	0.00	0.00	3,035.98

APPROVED ON

APR 24 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CHK# 212874

# RECEIVED

APR 24 2026

04/22/2026

18:11

Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 05/15/2026

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
	✓ 042226		04/14/202	04/22/202	05/15/202			46,713.60	0.00	0.00	46,713.60 ✓
	✓ 041426B	ins. pay. dep. into mmc opt. error	04/22/202	04/14/202	05/15/202			4,921.92	0.00	0.00	4,921.92 ✓
	✓ 041426A	"	04/22/202	04/14/202	05/15/202			517.46	0.00	0.00	517.46 ✓
	✓ 041426	"	04/22/202	04/14/202	05/15/202			247.98	0.00	0.00	247.98 ✓
	✓ 041426C	"	04/22/202	04/14/202	05/15/202			451.81	0.00	0.00	451.81 ✓
	✓ 041426D	"	04/22/202	04/14/202	05/15/202			1,000.00	0.00	0.00	1,000.00 ✓
	✓ 041526B	"	04/22/202	04/15/202	05/15/202			8,750.00	0.00	0.00	8,750.00 ✓
	✓ 041526	"	04/22/202	04/15/202	05/15/202			684.44	0.00	0.00	684.44 ✓
	✓ 041526A	"	04/22/202	04/15/202	05/15/202			10,010.33	0.00	0.00	10,010.33 ✓
	✓ 042026	"	04/22/202	04/20/202	05/15/202			278.16	0.00	0.00	278.16 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE	73,575.70	0.00	0.00	73,575.70

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	73,575.70	0.00	0.00	73,575.70

APPROVED ON

APR 24 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CHK# 212875

46,713.60 +  
 4,921.92 +  
 517.46 +  
 247.98 +  
 451.81 +  
 1,000.00 +  
 8,750.00 +  
 684.44 +  
 10,010.33 +  
 278.16 +  
 73,575.70

# RECEIVED

APR 24 2026

MEMORIAL MEDICAL CENTER

04/22/2026

18:12

Calhoun County Auditor

AP Open Invoice List

Due Dates Through: 05/15/2026

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
✓ 041426		04/22/202	04/14/202	05/15/202			5,200.00	0.00	0.00	5,200.00 ✓
✓ 041526A	ins. pay. dep. into nmc opt. error	04/22/202	04/15/202	05/15/202			9,310.00	0.00	0.00	9,310.00 ✓
✓ 041526	"	04/22/202	04/15/202	05/15/202			10,684.50	0.00	0.00	10,684.50 ✓
✓ 041626A	"	04/22/202	04/16/202	05/15/202			56,866.12	0.00	0.00	56,866.12 ✓
✓ 041626C	"	04/22/202	04/16/202	05/15/202			8,438.06	0.00	0.00	8,438.06 ✓
✓ 041626	"	04/22/202	04/16/202	05/15/202			479.29	0.00	0.00	479.29 ✓
✓ 041626B	"	04/22/202	04/16/202	05/15/202			10,308.05	0.00	0.00	10,308.05 ✓
✓ 041726A	"	04/22/202	04/17/202	05/15/202			6,494.50	0.00	0.00	6,494.50 ✓
✓ 041726	"	04/22/202	04/17/202	05/15/202			21,839.05	0.00	0.00	21,839.05 ✓
✓ 042026B	"	04/22/202	04/20/202	05/15/202			44,581.59	0.00	0.00	44,581.59 ✓
✓ 042026A	"	04/22/202	04/20/202	05/15/202			46,014.29	0.00	0.00	46,014.29 ✓
✓ 042026	"	04/22/202	04/20/202	05/15/202			8,589.50	0.00	0.00	8,589.50 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE	228,804.95	0.00	0.00	228,804.95

### Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	228,804.95	0.00	0.00	228,804.95

5,200.00 +  
 9,310.00 +  
 10,684.50 +  
 56,866.12 +  
 8,438.06 +  
 479.29 +  
 10,308.05 +  
 6,494.50 +  
 21,839.05 +  
 44,581.59 +  
 46,014.29 +  
 8,589.50 +  
 228,804.95

APPROVED ON

APR 24 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS  
CHK# 212876

Memorial Medical Center  
 Nursing Home UPL  
 Weekly Cantex Transfer  
 Prosperity Accounts  
 4/27/2026

APPROVED ON

APR 27 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>		69.97	-	-	-	69.97	0
						Bank Balance	69.97
						Variance	-
						Leave in Balance	100.00

Routing Information for Ashford Gardens:

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

						Adjust Balance/Transfer Amt	(30.03)	
<b>Broadmoor</b>		100.17	-	1,224.00	-	Bank Balance	1,324.17	1,224.17
						Variance	-	
						Leave in Balance	100.00	

						Adjust Balance/Transfer Amt	1,224.17	
<b>Crescent</b>		101.54	-	-	-	Bank Balance	101.54	
						Variance	-	
						Leave in Balance	100.00	

						Adjust Balance/Transfer Amt	1.54	
<b>Fort Bend</b>		100.16	-	-	-	Bank Balance	100.16	
						Variance	-	
						Leave in Balance	100.00	

						Adjust Balance/Transfer Amt	0.16	
<b>Solera at W Houston</b>		5,333.64	1,283.65	-	-	Bank Balance	4,049.99	
						Variance	-	
						Leave in Balance	100.00	

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

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

						Claims owed to MMC	3,949.99	
						Adjust Balance/Transfer Amt	-	

TOTAL TRANSFERS 1,224.17

Approved:   
 Caitlin Clevenger, Controller 4/27/2026

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.



# Balances Overview



COUNTY OF CALHOUN TEXAS  
 AGIBSON  
 as of Apr 27, 2026 9:59:16 AM CDT

## Account Activity

### DDA(14)

	Current Balance	Available Balance
	\$2,707,581.48	\$2,707,581.48
<b>Account Name</b>		
*4357 MEMORIAL MEDICAL - OPERATING	\$1,121,075.61	\$1,121,075.61
*4381 MEMORIAL MEDICAL / NH ASHFORD	✓ \$69.97 ✓	\$69.97
*4403 MEMORIAL MEDICAL / NH BROADMOOR	✓ \$1,324.17 ✓	\$1,324.17
*4411 MEMORIAL MEDICAL / NH CRESCENT	✓ \$101.54 ✓	\$101.54
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	✓ \$4,049.99	\$4,049.99
*4446 MEMORIAL MEDICAL / NH FORT BEND	✓ \$100.16 ✓	\$100.16
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$577,702.18	\$577,702.18
*4551 CAL CO INDIGENT HEALTHCARE	\$15,106.36	\$15,106.36
*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	\$245,961.32	\$245,961.32
*3407 MMC -NH TUSCANY VILLAGE	\$645,083.90	\$645,083.90
*2998 MMC -MONEY MARKET FUND	\$74,974.34	\$74,974.34
*7168 MEMORIAL MEDICAL LOCK BOX	\$21,790.15	\$21,790.15
<b>Total Balance</b>	<b>\$2,707,581.48</b>	<b>\$2,707,581.48</b>

Memorial Medical Center  
 Nursing Home UPL  
 Weekly Nexion Transfer  
 Prosperity Accounts  
 4/27/2026

APPROVED ON

APR 27 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		65,829.00	65,729.00	575,916.92		-	575,916.92
						Bank Balance 576,016.92	
						Variance -	
						Leave in Balance 100.00	

Routing Information for Golden Creek:

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

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

Adjust Balance/Transfer Amt 575,916.92

Approved:  \_\_\_\_\_  
 Caitlin Clevenger, Controller 4/27/2026

**Golden Creek**

	✓ Transfer-Out	✓ Transfer-In	MMC PORTION	NH PORTION
4/24/2026 Luminos Hospice - Bill.com Luminos Hospice - TX Bill.com 015WTBJTNRU8DZ Wang 2026 15WTBJTNRU8DZ	-	4,606.39		4,606.39
4/23/2026 Deposit	-	223,580.14		223,580.14
4/23/2026 Deposit	-	19,316.69		19,316.69
4/23/2026 Deposit	-	210,598.75		210,598.75
4/22/2026 Domestic Wire Withdrawal WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	65,729.00	-		-
4/22/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 042226 543684555876917	-	1,063.90		1,063.90
4/22/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1240537207*13 41858379\ 746003411	-	220.91		220.91
4/22/2026 HEALTH HUMAN SVC 5291742638006 - HCCLAIMPMT TRN*1*OSZ208581588075964*1746000156~ 17460034113011	-	2,097.95		2,097.95
4/22/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7781360*1205296137*000004011\ 676097	-	95,366.74		95,366.74
4/20/2026 GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	-	1,967.00		1,967.00
4/20/2026 TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 042026 543684555876917	-	1,846.00		1,846.00
4/20/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1240107326*13 41858379\ 746003411	-	15,252.45		15,252.45
	<b>65,729.00</b>	<b>575,916.92</b>	-	<b>575,916.92</b>

# Transaction Report



## Transaction Report for account \*4454

Reported on Mon Apr 27 14:00:00 GMT 2026

Current Balance \$577,702.18  
 Interest Accrued \$150.09  
 Available Balance \$577,702.18

Date	Description	Credit	Debit	Running Balance
04/24/2026	External Deposit Luminos Hospice - Bill.com Luminos Hospice - TX Bill.com 015WTBJTNRUY8DZ Wang 2026 15WTBJTNRUY8DZ	4606.39		576016.92 ✓
04/23/2026	127051132648651 Deposit Deposit	223580.14		571410.53
04/23/2026	127051132648603 Deposit Deposit	19316.69		347830.39
04/23/2026	127051132648560 Deposit Deposit	210598.75		328513.70
04/22/2026	Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT NEXION HEAL TH d/b/a GOLDEN CREEK HC		65729.00	117914.95
04/22/2026	External Deposit TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 042226 543684555876917	1063.90		183643.95
04/22/2026	External Deposit HNB - ECHO - HCCLAIMPMT TRN*11240537207*13 418583791 746003411	220.91		182680.05
04/22/2026	External Deposit HEALTH HUMAN SVC 5291742638006 - HCCLAIMPMT TRN*1*0S2208581588075964*1746000156- 17460034113011	2097.95		182359.14
04/22/2026	External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7781360*1205296137*000004011\ 676097	95366.74		180261.19
04/20/2026	External Deposit GOLDENCREEKHEALT MERCHANT DEPOSIT - MERC DEP 1220356	1967.00		84894.45

Memorial Medical Center  
 Nursing Home UPL  
 Weekly HMG Transfer  
 Prosperity Accounts  
 4/27/2026

APPROVED ON  
 APR 27 2026  
 BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
<b>Nursing Home</b>							
Gulf Pointe Plaza- Private Pay	139.70					139.70	No Transfer
					Bank Balance	139.70	(Holding due to pending claims requests)
					Variance		
					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
<b>Nursing Home</b>							
Gulf Pointe Plaza-Medicare/Medicaid	102.09					102.09	NO TRANSFER
					Bank Balance	102.09	
					Variance		
					Leave in Balance	100.00	

Adjust Balance/Transfer Amt 2.09

Rouling 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 4/27/2026



# Balances Overview



COUNTY OF CALHOUN TEXAS  
 AGIBSON  
 as of Apr 27, 2026 8:58:29 AM CDT

## Account Activity

### DDA(14)

	Current Balance	Available Balance
	\$2,707,581.48	\$2,707,581.48
<b>Account Name</b>		
*4357 MEMORIAL MEDICAL - OPERATING	\$1,121,075.61	\$1,121,075.61
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$69.97	\$69.97
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$1,324.17	\$1,324.17
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$101.54	\$101.54
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$4,049.99	\$4,049.99
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$100.16	\$100.16
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$577,702.18	\$577,702.18
*4551 CAL CO INDIGENT HEALTHCARE	\$15,106.36	\$15,106.36
*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	\$245,961.32	\$245,961.32
*3407 MMC -NH TUSCANY VILLAGE	\$645,083.90	\$645,083.90
*2998 MMC -MONEY MARKET FUND	\$74,974.34	\$74,974.34
*7168 MEMORIAL MEDICAL LOCK BOX	\$21,790.15	\$21,790.15
<b>Total Balance</b>	<b>\$2,707,581.48</b>	<b>\$2,707,581.48</b>

Memorial Medical Center  
 Nursing Home UPL  
 Weekly Tuscany Transfer  
 Prosperity Accounts  
 4/27/2026

APPROVED ON

APR 27 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		157,783.42	157,683.42	613,699.14	-	-	613,799.14	611,341.84
						Bank Balance Variance	613,799.14	
						Leave in Balance	100.00	

Claims owed to Golden Creek 2,357.30

Adjust Balance/Transfer Amt 611,341.84

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:  4/27/2026

Tuscany Village

	✓	✓	MMC	
	Transfer-Out	Transfer-In	PORTION	NH PORTION
4/24/2026 Merchant Capture Deposit	-	23,824.28		23,824.28
4/24/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1240983550*13 41858379\ 746003411	-	22,560.70		22,560.70
4/24/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7785692*1205296137*000004011\ 676201	-	10,352.75		10,352.75
4/23/2026 Deposit	-	82,961.40		82,961.40
4/23/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7784004*1205296137*000004011\ 676201	-	9,951.11		9,951.11
4/22/2026 Domestic Wire Withdrawal WIRE OUT VILLAGE POS T ACUTE HEALTH SERVICE	157,683.42	-		-
4/22/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1240983551*13 41858379\ 746003411	-	19,573.48		19,573.48
4/22/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1240473180*13 41858379\ 746003411	-	9,894.83		9,894.83
4/22/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1240537205*13 41858379\ 746003411	-	18,105.15		18,105.15
4/22/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1240537204*13 41858379\ 746003411	-	4,473.43		4,473.43
4/22/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7782144*1205296137*000004011\ 676201	-	22,255.04		22,255.04
4/21/2026 Merchant Capture Deposit	-	17,296.44		17,296.44
4/21/2026 Deposit	-	96,139.02		96,139.02
4/21/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1240708924*13 41858379\ 746003411	-	8,060.34		8,060.34
4/21/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1240229466*13 41858379\ 746003411	-	14,677.39		14,677.39
4/21/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7779517*1205296137*000004011\ 676201	-	164,979.97		164,979.97
4/20/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1240107325*13 41858379\ 746003411	-	78,080.94		78,080.94
4/20/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1240107324*13 41858379\ 746003411	-	4,467.61		4,467.61
4/20/2026 HNB - ECHO - ACH XFR PAYMENT ID: 1240537206 746003411	-	6,045.26		6,045.26
	<b>157,683.42</b>	<b>613,699.14</b>	-	<b>613,699.14</b>

# Transaction Report



## Transaction Report for account \*3407

Reported on Mon Apr 27 14:18:00 GMT 2026

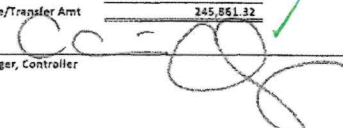
Current Balance \$645,083.90  
 Interest Accrued \$254.32  
 Available Balance \$645,083.90

Date	Description	Credit	Debit	Running Balance
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
04/24/2026	9074021471 Descriptive Deposit Merchant Capture Deposit	23824.28		613799.14 ✓
04/24/2026	External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1240983550*13 41858379\ 746003411	22560.70		589974.86
04/24/2026	External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7784004*1205296137*00000401\ 676201	10352.75		587414.16
04/23/2026	127051132648521 Deposit Deposit	82961.40		557061.41
04/23/2026	External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7784004*1205296137*00000401\ 676201	9951.11		474100.01
04/22/2026	Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE CUT VILLAGE POS T ACUTE HEALTH SERVICE		157683.42	464148.90
04/22/2026	External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1240983551*13 41858379\ 746003411	19573.48		621832.32
04/22/2026	External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1240473180*13 41858379\ 746003411	9894.83		602258.84

Memorial Medical Center  
 Nursing Home UPL  
 Weekly HSL Transfer  
 Prosperity Accounts  
 4/27/2026

APPROVED ON  
 APR 27 2026  
 BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS

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
Livaca Bay Nursing and Rehab	336,740.03	336,640.03	245,861.32				245,861.32	245,861.32
						Bank Balance	245,861.32	
						Variance		
						Leave in Balance	100.00	

Adjust Balance/Transfer Amt 245,861.32  
 Approved:   
 Caitlin Clevenger, Controller 4/27/2026

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

**Lavaca Bay Nursing and Rehab**



	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
4/24/2026 HOSPICE OF SOUTH - Payments Lavaca Bay N&R NF	-	6,962.42		6,962.42
4/24/2026 HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0SZ250601538719836*1746000156~ 17460034113016	-	3,301.28		3,301.28
4/23/2026 Deposit	-	4,062.32		4,062.32
4/23/2026 Deposit	-	345.77		345.77
4/23/2026 Deposit	-	64,257.36		64,257.36
4/23/2026 Deposit	-	18,266.94		18,266.94
4/22/2026 Domestic Wire Withdrawal WIRE OUT REG Leased OpCo LLC	336,640.03	-		-
4/22/2026 CENTENE CORP - HCCLAIMPMT TRN*1*0913060555* 1742770542\	-	87,934.90		87,934.90
4/22/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7782227*1205296137*000004011\ 676481	-	25,412.10		25,412.10
4/21/2026 NDC SWEEP SWEEP FR 00974300029 - FAC 02330	-	211.60		211.60
4/21/2026 NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7779640*1205296137*000004011\ 676481	-	33,143.27		33,143.27
4/21/2026 CENTENE CORP - HCCLAIMPMT TRN*1*0913050176* 1742770542\	-	131.00		131.00
4/20/2026 NDC SWEEP SWEEP FR 00974300029 - FAC 02330	-	326.13		326.13
4/20/2026 SELECTCARE OF TX - HCCLAIMPMT TRN*1*1001632 718*1621819658\	-	1,384.80		1,384.80
4/20/2026 HNB - ECHO - HCCLAIMPMT TRN*1*1240107327*13 41858379\ 746003411	-	121.43		121.43
	<b>336,640.03</b>	<b>245,861.32</b>	<b>-</b>	<b>245,861.32</b>

# Balances Overview



COUNTY OF CALHOUN TEXAS  
 AGIBSON  
 as of Apr 27, 2026 9:59:16 AM CDT

## Account Activity

### DDA(14)

	Current Balance	Available Balance
	\$2,707,581.48	\$2,707,581.48
<b>Account Name</b>		
*4357 MEMORIAL MEDICAL - OPERATING	\$1,121,075.61	\$1,121,075.61
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$69.97	\$69.97
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$1,324.17	\$1,324.17
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$101.54	\$101.54
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$4,049.99	\$4,049.99
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$100.16	\$100.16
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$577,702.18	\$577,702.18
*4551 CAL CO INDIGENT HEALTHCARE	\$15,106.36	\$15,106.36
*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	✓ \$245,961.32 ✓	\$245,961.32
*3407 MMC -NH TUSCANY VILLAGE	\$645,083.90	\$645,083.90
*2998 MMC -MONEY MARKET FUND	\$74,974.34	\$74,974.34
*7168 MEMORIAL MEDICAL LOCK BOX	\$21,790.15	\$21,790.15
<b>Total Balance</b>	<b>\$2,707,581.48</b>	<b>\$2,707,581.48</b>

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P Golden Creek ✓

Date Requested: 4/24/2026

A \_\_\_\_\_

Y \_\_\_\_\_

E \_\_\_\_\_

E \_\_\_\_\_

APPROVED ON

APR 27 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

CHK # 001198

FOR ACCT USE ONLY

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

AMOUNT: \$2,357.30 ✓

G/L NUMBER: 20655000

EXPLANATION: Funds recouped from Golden Creen in error - should have been recouped from Tuscany

REQUESTED BY: Autumn Wilson

AUTHORIZED BY:  ✓

Image Report



**PROSPERITY BANK**

ABA Number [REDACTED]  
Account Number [REDACTED]  
Serial Number [REDACTED]  
Amount \$2,357.30  
Paid Date 08/12/2022

Front

**MEMORIAL MEDICAL CENTER 022020** 1106  
**NH TUSCANY VILLAGE**  
 PH 361-553-4618 88-2265/1131-67  
 815 N VIRGINIA ST  
 PORT LAVACA, TX 77979

DATE 8/10/22  CHECK IMAGE

PAY TO THE ORDER OF Golden Creek \$ 2,357.30

Two thousand three hundred fifty seven & 30/100 DOLLARS

**PROSPERITY BANK**  
 PORT LAVACA BANKING CENTER  
 1107 N. HIGHWAY 35 • PORT LAVACA, TX 77970-5102  
 361-553-7411 www.prosperitybankusa.com

FOR Medicare repayment [Signature]  
County Treasurer

Back

ENDORSE HERE

**FOR DEPOSIT ONLY**  
**NH GOLDEN CREEK HEALTHCARE**  
**MEMORIAL MEDICAL CENTER**  
 PORT LAVACA, TX 77979  
 ACCOUNT #216844454

CHECK BOX FOR HOBILE/HEALTH DEPOSIT  
 WHEN MADE OF FUTURE INST. OTHER INST. IN ADVANCE

**Prosperity Bank**  
 Port Lavaca - 87  
 08-12-2022

## Request for Transfer of Funds

Transfer #: \_\_\_\_\_

Date Requested: 8.4.22

Payer: MEDICARE

Requested by: \_\_\_\_\_

Requestor's email: \_\_\_\_\_

Requestor's phone number: 713-770-5300

District or County: BRAZORIA

Facility: TUSCANY VILLAGE

**Please Attach:**

Remittance Advice and EOB

If money is taken against an overpayment or recoupment, please provide EOB of overpaid claim

\* Patient Name, Date of Service and Amount of Payment from Remittance Advice must be filled out.  
Please email request form and

Remittance Advice to : [cclevenger@mmcportlavaca.com](mailto:cclevenger@mmcportlavaca.com)

[mmartinez@mmcportlavaca.com](mailto:mmartinez@mmcportlavaca.com)

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on Remittance Advice (REQUIRED)	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		5.26.22	EFT	\$ 2,357.30			\$ 2,357.30	DUE TUSCANY FROM GOLDEN CREEK
			TOTAL	2,357.30			2,357.30	

**To be filled out by Memorial Medical Center:**

Date Received: 8/4/2022

Approved by: \_\_\_\_\_

Date of transfer: 8/10/2022

From Facility: GOLDEN CREEK

To Facility: TUSCANY

Amount: 2,357.30

Requested Transfer Date #2: \_\_\_\_\_

Date of transfer: \_\_\_\_\_

From Facility: \_\_\_\_\_

To Facility: \_\_\_\_\_

Amount: \_\_\_\_\_

## Request for Transfer of Funds

Transfer #: \_\_\_\_\_

Date Requested: 8.4.22

Payer: MEDICARE

Requested by: \_\_\_\_\_

Requestor's email: \_\_\_\_\_

Requestor's phone number: 713-770-5300

District or County: BRAZORIA

Facility: TUSCANY VILLAGE

**Please Attach:**

Remittance Advice and EOB

If money is taken against an overpayment or recoupment, please provide EOB of overpaid claim

\* Patient Name, Date of Service and Amount of Payment from Remittance Advice must be filled out. Please email request form and

Remittance Advice to : [cclevenger@mmcporthavaca.com](mailto:cclevenger@mmcporthavaca.com)

[mmartinez@mmcporthavaca.com](mailto:mmartinez@mmcporthavaca.com)

Patient Name (REQUIRED)	Date of Service (REQUIRED)	Date of Payment	Type of Payment (Check/EFT)	Amount of Payment shown on Remittance Advice (REQUIRED)	Check Number	Claim Number	Action needed- Enter funds (-) or Funds (+) to YOUR account	Notes
		5.26.22	EFT	\$ 2,357.30			\$ 2,357.30	DUE TUSCANY FROM GOLDEN CREEK
			TOTAL	2,357.30			2,357.30	

**To be filled out by Memorial Medical Center:**

Date Received: 8/4/2022

Approved by: \_\_\_\_\_

Date of transfer: 8/10/2022

From Facility: GOLDEN CREEK

To Facility: TUSCANY

Amount: 2,357.30

Requested Transfer Date #2: \_\_\_\_\_

Date of transfer: \_\_\_\_\_

From Facility: \_\_\_\_\_

To Facility: \_\_\_\_\_

Amount: \_\_\_\_\_

*8/15/22*

# Quick View

Select Quick View Accounts  
Account Number / Name

Account Type

Select Group  
Groups

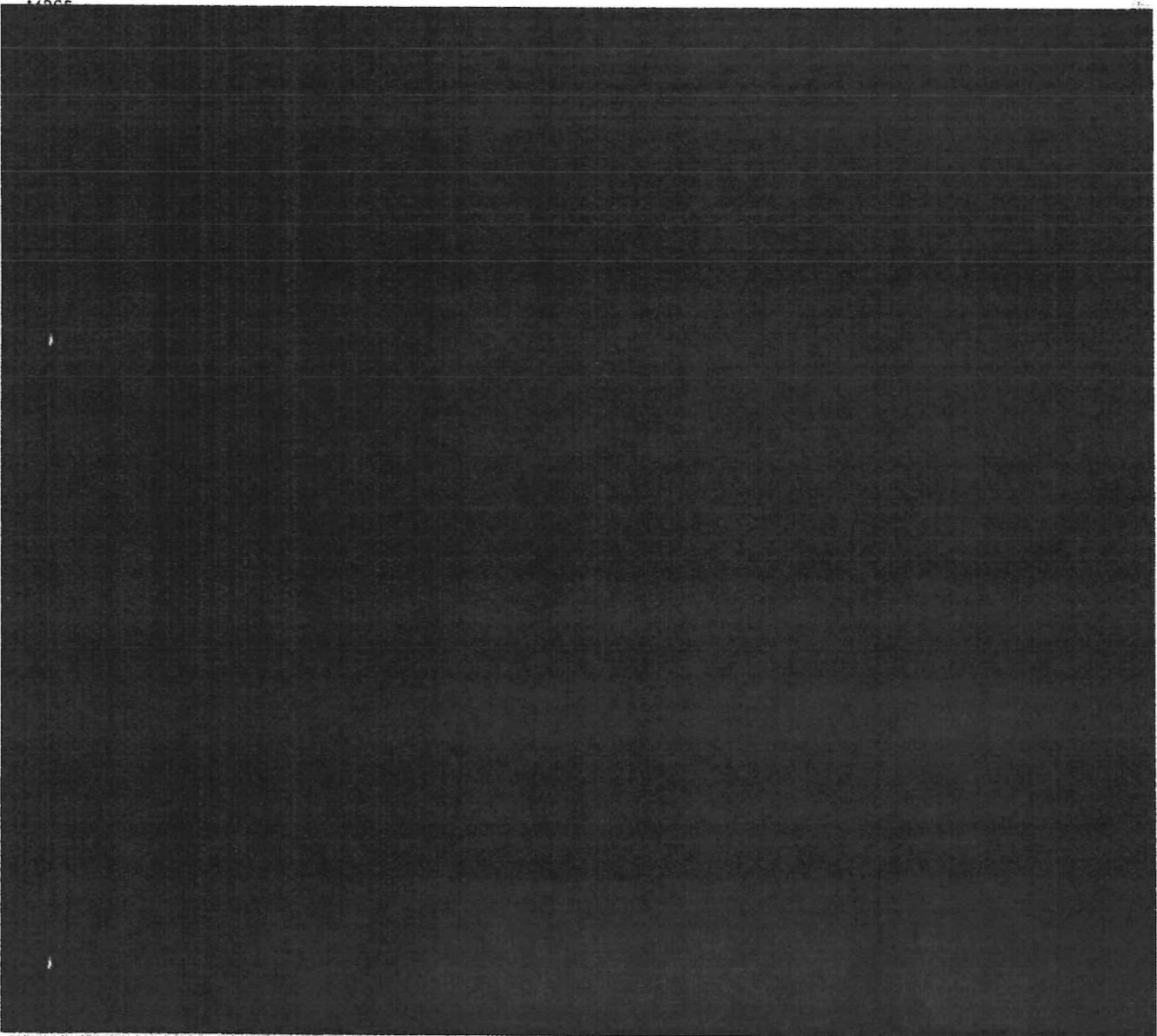
DDA

Data reported as of Aug 22, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
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4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$189,993.77	\$195,231.97	\$189,993.77	\$78,733.6
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Memorial Medical Center  
 Nursing Home UPL  
 Weekly Nexion Transfer  
 Prosperity Accounts  
 8/22/2022

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		286,214.41	286,101.38	189,880.74			
						-	189,993.77
						Bank Balance	189,993.77
						Variance	-
						Leave in Balance	100.00
							<b>189,880.74</b>

Routing Information for Golden Creek:  
 Nexion Health at Golden Creek  
 Wells Fargo Bank, N.A.  
 ABA 12100248  
 Account # [REDACTED]

July Interest	13.03
August Interest	
September Interest	
	<u>13.03</u>
Adjust Balance/Transfer Amt	<u>189,880.74</u>

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

Approved:   
 WILLIAM LITTLE, CFO 8/22/2022

**MEMORIAL MEDICAL CENTER**

TUSCANY VILLAGE  
815 N VIRGINIA ST  
PORT LAVACA, TX 77979

001198

Date 4-29-24 88-2265/1131

**PAY  
TO THE  
ORDER OF**

Golden Creek - Nexion

\$ 2,357.<sup>30</sup>/<sub>100</sub>

two thousand three hundred fifty seven and ~~30~~<sup>30</sup> DOLLARS



FOR Claims

Security features are included. Details on back.



RUN DATE:04/29/26  
TIME:11:08

MEMORIAL MEDICAL CENTER  
CHECK REGISTER  
04/29/26 THRU 04/29/26

PAGE 4  
GLCKREG

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

TUS 001198 04/29/26 2,357.30 GOLDEN CREEK NURSING HO  
TOTALS: 2,357.30

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