MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---December 17, 2025

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	1,129,903.51
TOTAL TRANSFERS BETWEEN FUNDS	$	62,805.58
TOTAL NURSING HOME UPL EXPENSES	$	1,232,964.91
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED December 17, 2025	$	2,425,674.00

APPROVED

DEC 17 2025

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---December 17, 2025

PAYABLES AND PAYROLL			
12/11/2025	Weekly Payables	418,235.08	
12/11/2025	Texas Hospital Association - Payables	11,989.00	
12/15/2025	Critical - Trubridge	124,325.03	
12/11/2025	Patient Refunds	1,000.18	
12/11/2025	Citibank Credit Card-see attached (Erin)	4,518.15	
12/15/2025	McKesson-340B Prescription Expense	20,252.56	
12/15/2025	Amerisource Bergen-340B Prescription Expense	181.72	
12/15/2025	Amerisource Bergen-340B Prescription Expense	136.90	
12/15/2025	Payroll Liabilities-Payroll Taxes	114,974.02	
12/15/2025	Payroll	373,141.31	
	Prosperity Electronic Bank Payments		
12/15/2025	90 Degree Benefits - employee insurance claims	51,371.82	
12/15/2025	Pay Plus-Patient Claims Processing Fee	180.72	
12/15/2025	Credit Card Processing Fee	8,445.02	
12/15/2025	Health Equity -HSA Contributions	1,152.00	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 1,129,903.51**
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
12/11/2025	MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	30,042.46	
12/11/2025	MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	30,116.19	
12/11/2025	MMC Operating to Bethany/Lavaca Bay-Correction of insurance payment deposited into MMC Operating in error	2,646.93	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 62,805.58**
NURSING HOME UPL EXPENSES			
12/15/2025	Nursing Home UPL-Cantex Transfer	4,682.76	
12/15/2025	Nursing Home UPL-Nexion Transfer	429,974.75	
12/15/2025	Nursing Home UPL-Tuscany Transfer	248,997.47	
12/15/2025	Nursing Home UPL-HSL Transfer	234,871.28	
TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC			
12/15/2025	Lavaca Bay to MMC - Medicare Recoup	634.86	
12/15/2025	Fort Bend to MMC-Wellcare Recoup	2,126.83	
12/15/2025	Lavaca Bay to MMC - Atlis payment owed to MMC	31,808.53	
12/15/2025	Gulf Pointe to MMC-Claims owed to MMC	279,868.43	
TOTAL NURSING HOME UPL EXPENSES			**$ 1,232,964.91**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED December 17, 2025			**$ 2,425,674.00**

Vendor#	Vendor Name	Class	Pay Code
10950	ACUTE CARE INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV2583	MEDICAL SERVICE	11/30/202	12/20/202	12/20/202			1,400.00	0.00	0.00	1,400.00

RTD fee

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10950	ACUTE CARE INC	1,400.00	0.00	0.00	1,400.00

Vendor#	Vendor Name	Class	Pay Code
13180	ADVANCED STERILIZATION PRODUCT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8020980572	SUPPLIES	12/10/202	12/05/202	12/10/202			775.90	0.00	0.00	775.90

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Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13180	ADVANCED STERILIZATION PRODUCT	775.90	0.00	0.00	775.90

Vendor#	Vendor Name	Class	Pay Code
A1680	AIRGAS USA, LLC - CENTRAL DIV	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5521056612	OXYGEN	12/08/202	11/30/202	12/25/202			638.97	0.00	0.00	638.97
9167226019	OXYGEN	12/08/202	12/03/202	12/28/202			3,715.23	0.00	0.00	3,715.23

Vernal

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	4,354.20	0.00	0.00	4,354.20

Vendor#	Vendor Name	Class	Pay Code
14028	AMAZON CAPITAL SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1J1F1LK3W3YT	SUPPLIES	11/30/202	11/29/202	12/29/202			163.45	0.00	0.00	163.45
1FNWYVPC7T1Y	SUPPLIES	12/03/202	12/01/202	12/31/202			61.74	0.00	0.00	61.74
1LKPKHQ7C4LY	SUPPLIES	12/10/202	12/03/202	01/01/202			148.16	0.00	0.00	148.16
19R6CRPWDTQT	SUPPLIES	12/10/202	12/03/202	12/03/202			493.02	0.00	0.00	493.02
14NKYPNVLDY1	SUPPLIES	12/10/202	12/09/202	01/01/202			189.00	0.00	0.00	189.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	1,055.37	0.00	0.00	1,055.37

Vendor#	Vendor Name	Class	Pay Code
14848	AMERICAN HOSPITAL ASSOCIATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1900149933	AHA MEMBERSHIP 010126-12312	12/11/202	12/05/202	12/05/202			11,989.00	0.00	0.00	11,989.00

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Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14848	AMERICAN HOSPITAL ASSOCIATION	11,989.00	0.00	0.00	11,989.00

Vendor#	Vendor Name	Class	Pay Code
10592	AMERICAN PROFICIENCY INSTITUTE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
739552	SUPPLIES	12/10/202	10/23/202	11/17/202			20,080.00	0.00	0.00	20,080.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10592	AMERICAN PROFICIENCY INSTITUTE	20,080.00	0.00	0.00	20,080.00

Vendor#	Vendor Name				Class	Pay Code				
15456	AMERITEX ELEVATOR TEXAS LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	INV12625T4B9		12/08/202	12/01/202	12/31/202			750.00	0.00	0.00	750.00
		MAINTENANCE BILLING FOR DEC									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		15456	AMERITEX ELEVATOR TEXAS LLC					750.00	0.00	0.00	750.00
Vendor#	Vendor Name				Class	Pay Code				
13024	AZALIA BONUZ									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	120925		11/30/202	12/09/202	12/09/202			7.50	0.00	0.00	7.50
		2019 FORD									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		13024	AZALIA BONUZ					7.50	0.00	0.00	7.50
Vendor#	Vendor Name				Class	Pay Code				
16000	BANESTER SERVICES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	21726		12/10/202	11/25/202	11/25/202			1,200.00	0.00	0.00	1,200.00
		VENTHOOD CLEANING									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		16000	BANESTER SERVICES					1,200.00	0.00	0.00	1,200.00
Vendor#	Vendor Name				Class	Pay Code				
B1150	BAXTER HEALTHCARE				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	84776758		12/10/202	11/14/202	12/09/202			460.69	0.00	0.00	460.69
		SUPPLIES									
	84785938		12/10/202	11/17/202	12/12/202			116.42	0.00	0.00	116.42
		SUPPLIES									
	84785082		12/10/202	11/17/202	12/12/202			93.40	0.00	0.00	93.40
		SUPPLIES									
	84790640		12/10/202	11/18/202	12/13/202			656.05	0.00	0.00	656.05
		SUPPLIES									
	84835539		12/10/202	12/01/202	12/26/202			631.20	0.00	0.00	631.20
		SUPPLIES									
	84834104		12/10/202	12/01/202	12/26/202			3,071.40	0.00	0.00	3,071.40
		LEASE									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		B1150	BAXTER HEALTHCARE					5,029.16	0.00	0.00	5,029.16
Vendor#	Vendor Name				Class	Pay Code				
B1220	BECKMAN COULTER INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	112378502		11/30/202	12/02/202	12/27/202			3,379.23	0.00	0.00	3,379.23
		LAB LEASE									
	112378504		11/30/202	12/02/202	12/27/202			1,642.32	0.00	0.00	1,642.32
		LAB SUPPLIES									
	112382058		12/09/202	12/02/202	12/27/202			255.88	0.00	0.00	255.88
		SUPPLIES LAB									
	112379154		12/09/202	12/02/202	12/27/202			102.49	0.00	0.00	102.49
		SUPPLIES									
	112379565		12/09/202	12/02/202	01/01/202			90.13	0.00	0.00	90.13
		SUPPLIES									
	112385766		12/09/202	12/03/202	12/28/202			100.94	0.00	0.00	100.94
		SUPPLIES									
	112337293		12/10/202	11/05/202	11/30/202			23,628.56	0.00	0.00	23,628.56
		SUPPLIES									
	112380064		12/10/202	12/02/202	12/27/202			15,166.88	0.00	0.00	15,166.88

NOVEMBER BILL Rental 5/19 - 11/15/25

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14236	CARRIER CORPORATION	12,830.00	0.00	0.00	12,830.00

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
AG8JZ8K	SUPPLIES	11/25/202	11/10/202	12/31/202			2,397.67	0.00	0.00	2,397.67

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.	2,397.67	0.00	0.00	2,397.67

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
38985A	340B fee	11/30/202	12/02/202	12/27/202			2,150.00	0.00	0.00	2,150.00

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
11030	CHUBB		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CK9_20251201	insurance	11/30/202	12/01/202	12/01/202			457.20	0.00	0.00	457.20

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11030	CHUBB	457.20	0.00	0.00	457.20

Vendor#	Vendor Name	Class	Pay Code
15188	CLARITY ENROLLMENT SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2637		12/02/202	12/01/202	12/31/202			313.50	0.00	0.00	313.50

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15188	CLARITY ENROLLMENT SOLUTIONS	313.50	0.00	0.00	313.50

Vendor#	Vendor Name	Class	Pay Code
10212	CLINICAL PATHOLOGY LABS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
17656103125	LAB SERVICES - OCT. 2025	11/30/202	10/31/202	10/31/202			13,744.79	0.00	0.00	13,744.79

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10212	CLINICAL PATHOLOGY LABS	13,744.79	0.00	0.00	13,744.79

Vendor#	Vendor Name	Class	Pay Code
13336	COCA COLA SOUTHWEST BEVERAGES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
50051889018	Beverages	11/30/202	12/05/202	12/05/202			658.90	0.00	0.00	658.90

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13336	COCA COLA SOUTHWEST BEVERAGES	658.90	0.00	0.00	658.90

Vendor#	Vendor Name	Class	Pay Code
14080	CORROHEALTH, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2027771	CODING SERVICES NOVEMBER	11/30/202	11/30/202	12/30/202			2,062.05	0.00	0.00	2,062.05

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14080	CORROHEALTH, INC.	2,062.05	0.00	0.00	2,062.05

Vendor#	Vendor Name	Class	Pay Code
13932	COVIDIEN SALES LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5876615166	Prem. Plus Battery Coverage	12/08/202	12/01/202	12/08/202			3,031.00	0.00	0.00	3,031.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13932	COVIDIEN SALES LLC	3,031.00	0.00	0.00	3,031.00

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
DTR2511012		12/10/202	12/05/202	12/05/202			659.25	0.00	0.00	659.25

NOV. 2025

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	D1200	DETAR HOSPITAL	659.25	0.00	0.00	659.25

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
8146990		11/30/202	11/06/202	12/01/202			40.00	0.00	0.00	40.00
	BUSINESS CARDS									
8171820		12/10/202	12/02/202	12/27/202			322.81	0.00	0.00	322.81
	SUPPLIES	Stamp Paper / paper								
8162050		12/11/202	11/24/202	12/19/202			47.37	0.00	0.00	47.37
	SUPPLIES	envelope								
8162070		12/11/202	11/24/202	12/19/202			498.07	0.00	0.00	498.07
	SUPPLIES	, paper, notes. envelope								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	908.25	0.00	0.00	908.25

Vendor#	Vendor Name	Class	Pay Code
11011	DIAMOND HEALTHCARE CORP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN20056777		11/30/202	12/01/202	12/26/202			19,166.67	0.00	0.00	19,166.67

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IN20056776		11/30/202	12/01/202	12/26/202			31,556.03	0.00	0.00	31,556.03

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Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11011	DIAMOND HEALTHCARE CORP	50,722.70	0.00	0.00	50,722.70

Vendor#	Vendor Name	Class	Pay Code
11291	DOWELL PEST CONTROL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
64165		12/10/202	12/09/202	12/09/202			75.00	0.00	0.00	75.00
	ANT TREATMENT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11291	DOWELL PEST CONTROL	75.00	0.00	0.00	75.00

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
120825A		12/11/202	12/08/202	12/08/202			5,200.00	0.00	0.00	5,200.00
	OB CALL	NO invoice -removed								
120825AB		12/11/202	12/08/202	12/08/202			4,100.00	0.00	0.00	4,100.00
	OB CALL	11/3-11/6, 11/24-11/26, & 11/27-11/30								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14832	DR JOHN CLINTON	9,300.00	0.00	0.00	9,300.00

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
120825		11/30/202	12/08/202	12/08/202			2,700.00	0.00	0.00	2,700.00
	OB CALL	11/14-11/16 & 11/17-11/20								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14924	DR. TIMU KWI	2,700.00	0.00	0.00	2,700.00

Vendor#	Vendor Name	Class	Pay Code

11091 ECOLAB

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6356199118A		12/11/202	12/01/202	12/31/202			255.21	0.00	0.00	255.21
	120125-123125 RENTAL									

Vendor Totals:

Number	Name	Gross	Discount	No-Pay	Net
11091	ECOLAB	255.21	0.00	0.00	255.21

Vendor# 14508 Vendor Name: EITAN GROUP NORTH AMERICA, INC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN1077316		12/10/202	12/04/202	12/10/202			288.50	0.00	0.00	288.50
	SUPPLIES									

Vendor Totals:

Number	Name	Gross	Discount	No-Pay	Net
14508	EITAN GROUP NORTH AMERICA, INC	288.50	0.00	0.00	288.50

Vendor# 11284 Vendor Name: EMERGENCY STAFFING SOLUTIONS — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
44937		12/09/202	12/15/202	12/25/202			40,062.50	0.00	0.00	40,062.50
	EMERGENCY PHYS SERVICES 1- 15W									

Vendor Totals:

Number	Name	Gross	Discount	No-Pay	Net
11284	EMERGENCY STAFFING SOLUTIONS	40,062.50	0.00	0.00	40,062.50

Vendor# 14136 Vendor Name: EPI-EDWARD PLUMBING — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
69463		12/08/202	11/17/202	11/25/202			826.52	0.00	0.00	826.52
	GAS LEAK VALVE REPLACEMEN									
69462		12/10/202	10/30/202	12/10/202			1,518.75	0.00	0.00	1,518.75
	SUPPLIES									

Vendor Totals:

Number	Name	Gross	Discount	No-Pay	Net
14136	EPI-EDWARD PLUMBING	2,345.27	0.00	0.00	2,345.27

Vendor# 11944 Vendor Name: EQUIFAX WORKFORCE SOLUTIONS — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2069228827		11/30/202	11/30/202	12/30/202			10.99	0.00	0.00	10.99

Credit Reporting

Vendor Totals:

Number	Name	Gross	Discount	No-Pay	Net
11944	EQUIFAX WORKFORCE SOLUTIONS	10.99	0.00	0.00	10.99

Vendor# 10042 Vendor Name: ERBE USA INC SURGICAL SYSTEMS — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
37236941A		12/11/202	12/03/202	12/10/202			169.50	0.00	0.00	169.50
	SURGERY SUPPLIES									

Vendor Totals:

Number	Name	Gross	Discount	No-Pay	Net
10042	ERBE USA INC SURGICAL SYSTEMS	169.50	0.00	0.00	169.50

Vendor# 10689 Vendor Name: FASTHEALTH CORPORATION — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
12A25MMC		12/10/202	12/01/202	12/16/202			545.00	0.00	0.00	545.00
	WEBSITE INVOICE									

Vendor Totals:

Number	Name	Gross	Discount	No-Pay	Net
10689	FASTHEALTH CORPORATION	545.00	0.00	0.00	545.00

Vendor# F1100 Vendor Name: FEDERAL EXPRESS CORP. — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
904856200		12/08/202	10/30/202	11/24/202			114.19	0.00	0.00	114.19
	FREIGHT									
906572289		12/08/202	11/13/202	12/08/202			61.44	0.00	0.00	61.44

	FREIGHT								
907476654		12/08/202	11/20/202	12/15/202			87.98	0.00	0.00	87.98
	FREIGHT								
908297867		12/08/202	11/27/202	12/22/202			129.72	0.00	0.00	129.72
	FREIGHT								
909088426		12/08/202	12/04/202	12/29/202			38.32	0.00	0.00	38.32
	FREIGHT								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.					431.65	0.00	0.00	431.65
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
5307661			12/10/202	12/02/202	12/27/202		707.71	0.00	0.00	707.71
	SUPPLIES									
5307663			12/10/202	12/02/202	12/27/202		1,952.48	0.00	0.00	1,952.48
	SUPPLIES									
5307662			12/10/202	12/02/202	12/27/202		9.81	0.00	0.00	9.81
	SUPPLIES									
5338900			12/10/202	12/03/202	12/28/202		211.61	0.00	0.00	211.61
	SUPPLIES									
5370150			12/10/202	12/04/202	12/29/202		648.04	0.00	0.00	648.04
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE					3,529.65	0.00	0.00	3,529.65
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
6003085425A			12/11/202	11/10/202	12/10/202		10,043.01	0.00	0.00	10,043.01
	NOVEMBER MAINT CONTRACT									
6003094972			12/11/202	12/01/202	12/31/202		1,083.94	0.00	0.00	1,083.94
	DIAG IMG DEC BILL									
6003095057A			12/11/202	12/01/202	12/31/202		13,695.01	0.00	0.00	13,695.01
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12404	GE PRECISION HEALTHCARE, LLC					24,821.96	0.00	0.00	24,821.96
Vendor#	Vendor Name				Class	Pay Code				
G1210	GULF COAST PAPER COMPANY				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
2707344			12/10/202	12/02/202	01/01/202		105.24	0.00	0.00	105.24
	SUPPLIES	Clin liners								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY					105.24	0.00	0.00	105.24
Vendor#	Vendor Name				Class	Pay Code				
11784	HALF LEAGUE STORAGE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
120925			11/30/202	12/09/202	12/09/202		360.00	0.00	0.00	360.00
	NOV DEC JAN STORAGE FEE									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11784	HALF LEAGUE STORAGE					360.00	0.00	0.00	360.00
Vendor#	Vendor Name				Class	Pay Code				
12380	HEALTH SOLUTIONS DIETETICS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
110125			11/30/202	11/01/202	11/01/202		3,400.00	0.00	0.00	3,400.00
	NOV 2025									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12380	HEALTH SOLUTIONS DIETETICS					3,400.00	0.00	0.00	3,400.00

Vendor#	Vendor Name			Class	Pay Code				
H0031	HEB CREDIT RECEIVABLES DEPT308								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	112825		12/10/202	11/28/202	11/28/202			382.55	0.00	0.00	382.55
		Food Supplies									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		H0031	HEB CREDIT RECEIVABLES DEPT308					382.55	0.00	0.00	382.55
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
	7003		12/09/202	12/15/202	12/25/202			23,663.00	0.00	0.00	23,663.00
		HOSPITAL PHYS SERVICES 1-15									
	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				
10922	HUNTER PHARMACY SERVICES								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	6751		11/30/202	11/30/202	12/20/202			14,120.37	0.00	0.00	14,120.37
		Radiph Novosad									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10922	HUNTER PHARMACY SERVICES					14,120.37	0.00	0.00	14,120.37
Vendor#	Vendor Name			Class	Pay Code				
14976	INOVALON PROVIDER INC.								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	25M0153645		12/01/202	12/04/202	12/04/202			773.76	0.00	0.00	773.76
		SCHEDULER & OSM MODULE									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14976	INOVALON PROVIDER INC.					773.76	0.00	0.00	773.76
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
	120825		11/30/202	12/08/202	12/08/202			5,200.00	0.00	0.00	5,200.00
		OB CALL									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		W1372	JOHN B WRIGHT LLC					5,200.00	0.00	0.00	5,200.00
Vendor#	Vendor Name			Class	Pay Code				
L1001	LANDAUER INC			W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	101364675		11/30/202	11/13/202	12/13/202			923.60	0.00	0.00	923.60
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		L1001	LANDAUER INC					923.60	0.00	0.00	923.60
Vendor#	Vendor Name			Class	Pay Code				
18076	LEA ANN RAGUSIN PHOTOGRAPHY								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	815A		12/10/202	09/26/202	09/26/202			85.00	0.00	0.00	85.00
		DR SCHULTZ HEADSHOT									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		18076	LEA ANN RAGUSIN PHOTOGRAPHY					85.00	0.00	0.00	85.00
Vendor#	Vendor Name			Class	Pay Code				
J1350	M.C. JOHNSON COMPANY INC			M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	00399843		12/10/202	12/05/202	12/10/202			95.33	0.00	0.00	95.33
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		J1350	M.C. JOHNSON COMPANY INC					95.33	0.00	0.00	95.33

11/1-11/2, 11/7-11/9, 11/10-11/13, & 11/21-11/23

Dell-2025

Tube Holder

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
	24682718		12/03/202	11/25/202	12/30/202			43.39	0.00	0.00	43.39
		SUPPLIES Applicator									
	24676587		12/10/202	11/24/202	12/09/202			64.29	0.00	0.00	64.29
		SUPPLIES Cervical Collar									
	24676673		12/10/202	11/24/202	12/09/202			130.33	0.00	0.00	130.33
		SUPPLIES irrigator									
	24709972		12/10/202	12/02/202	12/17/202			103.41	0.00	0.00	103.41
		SUPPLIES Applicator									
	24705310		12/10/202	12/02/202	12/17/202			239.03	0.00	0.00	239.03
		SUPPLIES Dis. Wipes									
	24739061		12/10/202	12/08/202	12/23/202			238.19	0.00	0.00	238.19
		SUPPLIES irrigator									
	24744101		12/10/202	12/09/202	12/24/202			73.36	0.00	0.00	73.36
		SUPPLIES Diluent Cellpack									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		M2178	MCKESSON MEDICAL SURGICAL INC					892.00	0.00	0.00	892.00

Vendor#	Vendor Name				Class	Pay Code				
11141	MEDICAL DATA SYSTEMS, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	207637		11/30/202	09/30/202	10/25/202			630.80	0.00	0.00	630.80
		COLLECTION FEES 09-2025									
	207638		11/30/202	09/30/202	10/25/202			1,251.08	0.00	0.00	1,251.08
		092025									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11141	MEDICAL DATA SYSTEMS, INC.					1,881.88	0.00	0.00	1,881.88

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
	201105015		11/30/202	11/27/202	12/27/202			1,086.75	0.00	0.00	1,086.75
		AGENCY STAFFING Theresa Langen 11/14 - 11/18/25									
	201114315		12/10/202	12/04/202	12/04/202			2,675.00	0.00	0.00	2,675.00
		AGENCY STAFFING L&D Lyssa Cortinas 11/10 - 11/13/25									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		18092	MEDICAL SOLUTIONS LLC					3,761.75	0.00	0.00	3,761.75

Vendor#	Vendor Name				Class	Pay Code				
10613	MEDIMPACT HEALTHCARE SYS, INC.				A/P					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	121025		12/10/202	12/10/202	12/10/202			5.85	0.00	0.00	5.85
		INV# 51157 (00-$0.89/02-$4.96) Claims pmt									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10613	MEDIMPACT HEALTHCARE SYS, INC.					5.85	0.00	0.00	5.85

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
	2391133287		11/24/202	09/30/202	12/31/202			110.39	0.00	0.00	110.39
		SUPPLIES Swab									
	2399005010		11/24/202	11/19/202	12/30/202			640.49	0.00	0.00	640.49
		SUPPLIES Arm Sling, Splint, bandages, etc.									
	2400820446		12/10/202	12/03/202	12/28/202			9.09	0.00	0.00	9.09
		SUPPLIES MBO Binder									
	2400820442		12/10/202	12/03/202	12/28/202			5.84	0.00	0.00	5.84
		SUPPLIES immobilizer									
	2400820441		12/10/202	12/03/202	12/28/202			4.51	0.00	0.00	4.51
		Splint									

	SUPPLIES							
2400820434		12/10/202	12/03/202	12/28/202	214.36	0.00	0.00	214.36
	SUPPLIES	Arm Sling, Splint, Catheter, etc.						
2400820445		12/10/202	12/03/202	12/28/202	23.21	0.00	0.00	23.21
	SUPPLIES	ensure plus shake						
2400820448		12/10/202	12/03/202	12/28/202	84.82	0.00	0.00	84.82
	SUPPLIES	Wheel chair						
2400820444		12/10/202	12/03/202	12/28/202	4.33	0.00	0.00	4.33
	SUPPLIES	Splint						
2400820460		12/10/202	12/03/202	12/28/202	713.68	0.00	0.00	713.68
	SUPPLIES	Gloves, tissue, etc.						
2401123809		12/10/202	12/04/202	12/29/202	6.15	0.00	0.00	6.15
	SUPPLIES	Gown						
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC			1,816.87	0.00	0.00	1,816.87

Vendor#	Vendor Name	Class	Pay Code
M2550	MELSTAN, INC.	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
111624A		12/08/202	10/17/202	10/27/202			36.75	0.00	0.00	36.75
	SUPPLIES	Stump/Bush Killer								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	M2550	MELSTAN, INC.					36.75	0.00	0.00	36.75

Vendor#	Vendor Name	Class	Pay Code
M2621	MMC AUXILIARY GIFT SHOP	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
120825		12/08/202	12/08/202	12/08/202			579.57	0.00	0.00	579.57
	GIFT SHOP PAYROLL DEDUCTS									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP					579.57	0.00	0.00	579.57

Vendor#	Vendor Name	Class	Pay Code
10536	MORRIS & DICKSON CO, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4169106		11/30/202	12/07/202	12/17/202			113.20	0.00	0.00	113.20
		Medication								
4133038		12/09/202	11/26/202	12/10/202			5,066.12	0.00	0.00	5,066.12
	SUPPLIES									
4155793		12/09/202	12/03/202	12/13/202			359.60	0.00	0.00	359.60
	SUPPLIES									
4156569		12/09/202	12/03/202	12/13/202			1,038.65	0.00	0.00	1,038.65
	SUPPLIES									
4156568		12/09/202	12/03/202	12/13/202			10.92	0.00	0.00	10.92
	SUPPLIES									
4159943		12/09/202	12/04/202	12/14/202			337.75	0.00	0.00	337.75
	SUPPLIES									
4160812		12/09/202	12/04/202	12/14/202			91.04	0.00	0.00	91.04
	SUPPLIES									
4162347		12/09/202	12/04/202	12/14/202			42.65	0.00	0.00	42.65
	SUPPLIES									
4160667		12/09/202	12/04/202	12/14/202			50.19	0.00	0.00	50.19
	SUPPLIES									
4161131		12/09/202	12/04/202	12/14/202			4.85	0.00	0.00	4.85
	SUPPLIES									
4161757		12/09/202	12/04/202	12/14/202			51.20	0.00	0.00	51.20
	SUPPLIES									
4159942		12/09/202	12/04/202	12/14/202			299.64	0.00	0.00	299.64

4159940		12/09/202	12/04/202	12/14/202	561.97	0.00	0.00	561.97
	SUPPLIES	Medication						
4161756		12/09/202	12/04/202	12/14/202	83.82	0.00	0.00	83.82
	SUPPLIES							
CM65700		12/09/202	12/04/202	12/14/202	-134.56	0.00	0.00	-134.56
		Credit						
4159941		12/09/202	12/04/202	12/14/202	405.30	0.00	0.00	405.30
	SUPPLIES	Medication						
CM66007		12/09/202	12/05/202	12/15/202	-35.01	0.00	0.00	-35.01
	SUPPLIES	Credit						
CM66006		12/09/202	12/05/202	12/15/202	-5.47	0.00	0.00	-5.47
		Remove - Credit inv. is more -5.74						
4169108		12/09/202	12/07/202	12/17/202	1,421.19	0.00	0.00	1,421.19
	SUPPLIES	Medication						
4169107		12/09/202	12/07/202	12/17/202	227.63	0.00	0.00	227.63
	SUPPLIES							
4167671		12/09/202	12/07/202	12/17/202	25.57	0.00	0.00	25.57
	SUPPLIES							
4169105		12/09/202	12/07/202	12/17/202	43.40	0.00	0.00	43.40
	SUPPLIES							
4167670		12/09/202	12/07/202	12/17/202	66.02	0.00	0.00	66.02
	SUPPLIES							

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	10,125.67	0.00	0.00	10,125.67

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
8915		11/30/202	12/08/202	12/18/202			120.63	0.00	0.00	120.63
	NOVEMBER									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13548	NACOGDOCHES TRANSCRIPTION	120.63	0.00	0.00	120.63

Vendor#	Vendor Name	Class	Pay Code
13624	NEXION HEALTH AT NAVASOTA INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100125		11/30/202	11/06/202	11/06/202			1,000.00	0.00	0.00	1,000.00
	OCTOBER TELEMED REIMB									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13624	NEXION HEALTH AT NAVASOTA INC	1,000.00	0.00	0.00	1,000.00

Vendor#	Vendor Name	Class	Pay Code
G0425	ODEFEY WITTE WALL & VILLAFRANC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5755		12/11/202	12/10/202	01/09/202			2,187.50	0.00	0.00	2,187.50
	LEGAL SERVICES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	G0425	ODEFEY WITTE WALL & VILLAFRANC	2,187.50	0.00	0.00	2,187.50

Vendor#	Vendor Name	Class	Pay Code
11155	PARAREV		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2027983		12/09/202	12/01/202	12/31/202			950.00	0.00	0.00	950.00
	PRICE TRANSPARENCY/ QTRLY									
2027982		12/09/202	12/01/202	12/31/202			3,084.00	0.00	0.00	3,084.00
	REVENUE INTEGRITY PROGRAM									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11155	PARAREV	4,034.00	0.00	0.00	4,034.00

Vendor#	Vendor Name	Class	Pay Code
12708	POC ELECTRIC, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4494		12/09/202	12/08/202	12/08/202			1,152.52	0.00	0.00	1,152.52
	OUTLET INSTALLATION 2nd floor									
4493		12/09/202	12/08/202	12/08/202			1,473.30	0.00	0.00	1,473.30
	MRIAC UNIT SWITCH INSTALL									
4496		12/10/202	12/10/202	01/01/202			350.00	0.00	0.00	350.00
	FUSE REPLACEMENT									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12708	POC ELECTRIC, LLC					2,975.82	0.00	0.00	2,975.82

Vendor#	Vendor Name	Class	Pay Code
10372	PRECISION DYNAMICS CORP (PDC)		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9360413309		12/10/202	11/11/202	12/11/202			53.38	0.00	0.00	53.38
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)					53.38	0.00	0.00	53.38

Vendor#	Vendor Name	Class	Pay Code
11932	PRESS GANEY ASSOCIATES, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN000734171		11/30/202	11/30/202	12/30/202			2,952.47	0.00	0.00	2,952.47
	NOVEMBER INVOICE									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11932	PRESS GANEY ASSOCIATES, INC.					2,952.47	0.00	0.00	2,952.47

Vendor#	Vendor Name	Class	Pay Code
O1416	QUIDELORTHO SALES COMPANY LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9100199420		12/10/202	12/01/202	12/31/202			831.48	0.00	0.00	831.48
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	O1416	QUIDELORTHO SALES COMPANY LLC					831.48	0.00	0.00	831.48

Vendor#	Vendor Name	Class	Pay Code
18240	SHARON SIMMS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
120325		12/04/202	12/03/202	12/27/202			369.66	0.00	0.00	369.66
	Texas A&M rural health Coding & Billing Bootcamp 11/12/25 - 11/13/25									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	18240	SHARON SIMMS					369.66	0.00	0.00	369.66

Vendor#	Vendor Name	Class	Pay Code
10936	SIEMENS FINANCIAL SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
56382600012738		12/03/202	11/28/202	12/27/202			1,333.33	0.00	0.00	1,333.33
	RENTAL									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10936	SIEMENS FINANCIAL SERVICES					1,333.33	0.00	0.00	1,333.33

Vendor#	Vendor Name	Class	Pay Code
17852	SINGLETON ASSOCIATES PA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
246113025001		11/30/202	12/01/202	12/01/202			5,587.38	0.00	0.00	5,587.38
	ONSITE SERVICES FOR RADIOLC NOV. 2025									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	17852	SINGLETON ASSOCIATES PA					5,587.38	0.00	0.00	5,587.38

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
179385		12/09/202	11/21/202	12/05/202			62.85	0.00	0.00	62.85
	GRILL SCRAPER/ LADLE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S2220	SKIP'S RESTAURANT EQUIPMENT	62.85	0.00	0.00	62.85

Vendor#	Vendor Name	Class	Pay Code
S2362	SMITH & NEPHEW, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
984786969		12/10/202	12/04/202	12/10/202			6,650.00	0.00	0.00	6,650.00
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S2362	SMITH & NEPHEW, INC.	6,650.00	0.00	0.00	6,650.00

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
INV050001225		12/10/202	12/01/202	12/02/202			10,230.40	0.00	0.00	10,230.40

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12288	SPBS CLINICAL EQUIPMENT SRVC	10,230.40	0.00	0.00	10,230.40

Vendor#	Vendor Name	Class	Pay Code
10845	STAPLES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6049321041		12/10/202	11/30/202	12/10/202			171.47	0.00	0.00	171.47
	SUPPLIES Batteries									
6049321042		12/10/202	11/30/202	12/10/202			127.92	0.00	0.00	127.92
	SUPPLIES Black Toner									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10845	STAPLES	299.39	0.00	0.00	299.39

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
14937031		12/10/202	12/02/202	12/27/202			37.06	0.00	0.00	37.06
	SUPPLIES Printer ribbon									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S3940	STERIS CORPORATION	37.06	0.00	0.00	37.06

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
9210909311		12/10/202	11/25/202	12/25/202			157.55	0.00	0.00	157.55
	SUPPLIES									
9210972372		12/10/202	12/03/202	12/03/202			287.22	0.00	0.00	287.22
	SUPPLIES									
9210736428		12/10/202	12/10/202	12/10/202			249.19	0.00	0.00	249.19

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10735	STRYKER SALES, LLC	693.96	0.00	0.00	693.96

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
1389		12/08/202	12/08/202	01/07/202			2,240.00	0.00	0.00	2,240.00
	SURG SERVICES RVU's 12/5/25									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17248	SUMMIT PAIN AND WELLNESS	2,240.00	0.00	0.00	2,240.00

Vendor#	Vendor Name	Class	Pay Code
T2539	T-SYSTEM, INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2027381		11/30/202	11/30/202	12/30/202			6,130.42	0.00	0.00	6,130.42
	NOVEMBER BILL FOR ER SOFTW									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net

	T2539	T-SYSTEM, INC					6,130.42	0.00	0.00	6,130.42
Vendor#	Vendor Name				Class	Pay Code				
10758	TEXAS SELECT STAFFING, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	0026212		11/30/202	12/04/202	12/05/202		8,271.25	0.00	0.00	8,271.25
		AGENCY STAFFING								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		10758	TEXAS SELECT STAFFING, LLC				8,271.25	0.00	0.00	8,271.25
Vendor#	Vendor Name				Class	Pay Code				
T3334	TRINITY PHYSICS CONSULTING LLC				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	036769		11/30/202	11/30/202	12/30/202		3,550.00	0.00	0.00	3,550.00
		RADIOLOGY EVALUATION SERVI								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		T3334	TRINITY PHYSICS CONSULTING LLC				3,550.00	0.00	0.00	3,550.00
Vendor#	Vendor Name				Class	Pay Code				
11067	TRIZETTO PROVIDER SOLUTIONS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	35FK112500		11/30/202	11/01/202	11/26/202		61.09	0.00	0.00	61.09
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		11067	TRIZETTO PROVIDER SOLUTIONS				61.09	0.00	0.00	61.09
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
	2921074216		11/30/202	11/20/202	12/15/202		157.60	0.00	0.00	157.60
		LINENS								
	2921074804		11/30/202	11/27/202	12/22/202		1,754.86	0.00	0.00	1,754.86
		LINENS								
	2921074861		11/30/202	12/01/202	12/26/202		3,544.65	0.00	0.00	3,544.65
		LAUNDRY								
	2921074869		11/30/202	12/01/202	12/26/202		249.48	0.00	0.00	249.48
		UNIFORMS								
	2921075321		11/30/202	12/04/202	12/29/202		152.48	0.00	0.00	152.48
		LINENS								
	2921075311		12/08/202	12/04/202	12/29/202		289.05	0.00	0.00	289.05
	2921073163		12/09/202	11/06/202	12/01/202		289.83	0.00	0.00	289.83
		UNIFORMS								
	2921073155		12/09/202	11/06/202	12/01/202		51.59	0.00	0.00	51.59
	2921073345		12/09/202	11/10/202	12/05/202		3,680.66	0.00	0.00	3,680.66
		LINENS								
	2921073661		12/09/202	11/13/202	12/08/202		289.83	0.00	0.00	289.83
		UNIFORMS								
	2921073668		12/09/202	11/13/202	12/08/202		377.66	0.00	0.00	377.66
		LINENS								
	2921073658		12/09/202	11/13/202	12/08/202		51.59	0.00	0.00	51.59
		UNIFORMS								
	2921074211		12/09/202	11/20/202	12/15/202		344.19	0.00	0.00	344.19
		LINENS								
	2921074183		12/09/202	11/20/202	12/15/202		289.83	0.00	0.00	289.83
		UNIFORMS								
	2921074166		12/09/202	11/20/202	12/15/202		51.59	0.00	0.00	51.59
		UNIFORMS								
	2921074785		12/09/202	11/27/202	12/22/202		289.83	0.00	0.00	289.83

	UNIFORMS								
2921074774		12/09/202	11/27/202	12/22/202		51.59	0.00	0.00	51.59
	UNIFORMS								
2921075316		12/09/202	12/04/202	12/29/202		580.44	0.00	0.00	580.44
	UNIFORMS								
2921075313		12/09/202	12/04/202	12/29/202		212.23	0.00	0.00	212.23
	LINENS								
2921075301		12/09/202	12/04/202	12/29/202		3,116.73	0.00	0.00	3,116.73
	LINENS								
2921073182		12/10/202	11/06/202	12/01/202		369.66	0.00	0.00	369.66
	LINENS								
2921075305		12/10/202	11/06/202	12/01/202		51.59	0.00	0.00	51.59
	UNIFORMS								
2921074801		12/10/202	11/27/202	12/22/202		417.58	0.00	0.00	417.58
	LINENS								
2921075319		12/10/202	12/04/202	12/29/202		354.02	0.00	0.00	354.02
	LINENS								
2921075309		12/10/202	12/04/202	12/29/202		289.83	0.00	0.00	289.83
	UNIFORMS								
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC				17,308.39	0.00	0.00	17,308.39

Vendor#	Vendor Name			Class	Pay Code				
V1471	VICTORIA RADIOWORKS, LLC			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
25110118		11/30/202	11/30/202	11/30/202			120.00	0.00	0.00	120.00
	CALHOUN FOOTBALL ADV SPOT									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	V1471	VICTORIA RADIOWORKS, LLC					120.00	0.00	0.00	120.00

Vendor#	Vendor Name			Class	Pay Code				
12548	WAGEWORKS, INC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1125TR116685		11/30/202	11/01/202	11/30/202			131.25	0.00	0.00	131.25
	NOVEMBER SERVICES - Cobra Coverage									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12548	WAGEWORKS, INC					131.25	0.00	0.00	131.25

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
9112049069		12/10/202	12/02/202	12/27/202			1,750.00	0.00	0.00	1,750.00
	SUPPLIES									
9112050880		12/10/202	12/03/202	12/28/202			1,158.21	0.00	0.00	1,158.21
	SUPPLIES									
9112052389		12/10/202	12/04/202	12/29/202			475.41	0.00	0.00	475.41
	SUPPLIES									
9112054702		12/10/202	12/08/202	01/01/202			132.30	0.00	0.00	132.30
	SUPPLIES									
CM111773751		12/11/202	12/11/202	12/11/202			-1,210.80	0.00	0.00	-1,210.80
	CREDIT									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC					2,305.12	0.00	0.00	2,305.12

Vendor#	Vendor Name			Class	Pay Code				
W1270	WISCONSIN STATE LABORATORY			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
30039084		11/01/202	11/03/202	12/31/202			1,112.00	0.00	0.00	1,112.00
	Supplies									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net

W1270	WISCONSIN STATE LABORATORY				1,112.00	0.00	0.00	1,112.00

Vendor#	Vendor Name	Class	Pay Code
Y1000	YOUNG PLUMBING CO	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
QB6333		12/08/202	10/06/202	11/30/202			247.50	0.00	0.00	247.50
	SEWER REPAIR									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	Y1000	YOUNG PLUMBING CO	247.50	0.00	0.00	247.50

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
22683		12/11/202	12/09/202	12/09/202			1,000.00	0.00	0.00	1,000.00
	ALLWRX MONTHLY PHONE SER\									

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

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	435,418.61	0.00	0.00	435,418.61

APPROVED ON

DEC 11 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 211408 - 211501

435,418.61 +
11,989.00 - Pg 1. incorrect remit to
5,200.00 - Pg 4. remove - no invoice
5.47 - -
418,235.08 = Pg 10. remove - Credit on inv. is more

RECEIVED BY THE COUNTY AUDITOR ON
DEC 11 2025
CALHOUN COUNTY, TEXAS

Vendor#	Vendor Name	Class	Pay Code
10765	TEXAS HOSPITAL ASSOCIATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1900149933	AHA MEMBERSHIP 010126-123126	12/11/2025	12/05/2025	12/05/2025			11,989.00	0.00	0.00	11,989.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10765	TEXAS HOSPITAL ASSOCIATION	11,989.00	0.00	0.00	11,989.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	11,989.00	0.00	0.00	11,989.00

APPROVED ON
DEC 11 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk# 211489

RECEIVED BY THE
COUNTY AUDITOR ON

DEC 15 2025

12/15/2025
12:12

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

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
C2510	TRUBRIDGE	M	

CALHOUN COUNTY, TEXAS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
T2511101378	NTRUST FEE	11/12/202	11/10/202	01/01/202			124,325.03	0.00	0.00	124,325.03

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C2510	TRUBRIDGE	124,325.03	0.00	0.00	124,325.03

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	124,325.03	0.00	0.00	124,325.03

APPROVED ON

DEC 15 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 211493

RUN DATE: 12/11/25
TIME: 12:08

RECEIVED BY THE COUNTY AUDITOR ON
DEC 11 2025
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
1643912 01	[redacted]	121025	957.00	2		REFUND FOR [redacted]	
	TX 77979						
1656381 01	[redacted]	121025	43.18	3		REFUND FOR [redacted]	
	TX 77979						
	ARID=0001 TOTAL		1000.18				
TOTAL			1000.18				

APPROVED ON
DEC 11 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Check# 211502 - 211503

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	211408	12/17/25	1,400.00	ACUTE CARE INC
A/P	211409	12/17/25	775.90	ADVANCED STERILIZATION PRODUCT
A/P	211410	12/17/25	4,354.20	AIRGAS USA, LLC - CENTRAL DIV
A/P	211411	12/17/25	1,055.37	AMAZON CAPITAL SERVICES
A/P	211412	12/17/25	20,080.00	AMERICAN PROFICIENCY INSTITUTE
A/P	211413	12/17/25	750.00	AMERITEX ELEVATOR TEXAS LLC
A/P	211414	12/17/25	7.50	AZALIA BONUZ
A/P	211415	12/17/25	1,200.00	BANESTER SERVICES
A/P	211416	12/17/25	5,029.16	BAXTER HEALTHCARE
A/P	211417	12/17/25	.00	VOIDED
A/P	211418	12/17/25	52,481.51	BECKMAN COULTER INC
A/P	211419	12/17/25	79.52	BETHANN DIGGS
A/P	211420	12/17/25	1,912.26	BIO-RAD LABORATORIES, INC
A/P	211421	12/17/25	4,611.19	BIOMERIEUX, INC
A/P	211422	12/17/25	4,400.00	CALHOUN COUNTY EMS
A/P	211423	12/17/25	716.94	CARESFIELD
A/P	211424	12/17/25	12,830.00	CARRIER CORPORATION
A/P	211425	12/17/25	2,397.67	CDW GOVERNMENT, INC.
A/P	211426	12/17/25	2,150.00	CERVEY, LLC
A/P	211427	12/17/25	457.20	CHUBB
A/P	211428	12/17/25	313.50	CLARITY ENROLLMENT SOLUTIONS
A/P	211429	12/17/25	13,744.79	CLINICAL PATHOLOGY LABS
A/P	211430	12/17/25	658.90	COCA COLA SOUTHWEST BEVERAGES
A/P	211431	12/17/25	2,062.05	CORROHEALTH, INC.
A/P	211432	12/17/25	3,031.00	COVIDIEN SALES LLC
A/P	211433	12/17/25	659.25	DETAR HOSPITAL
A/P	211434	12/17/25	908.25	DEWITT POTH & SON
A/P	211435	12/17/25	50,722.70	DIAMOND HEALTHCARE CORP
A/P	211436	12/17/25	75.00	DOWELL PEST CONTROL
A/P	211437	12/17/25	4,100.00	DR JOHN CLINTON
A/P	211438	12/17/25	2,700.00	DR. TIMU KWI
A/P	211439	12/17/25	255.21	ECOLAB
A/P	211440	12/17/25	288.50	EITAN GROUP NORTH AMERICA, INC
A/P	211441	12/17/25	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	211442	12/17/25	2,345.27	EPI-EDWARD PLUMBING
A/P	211443	12/17/25	10.99	EQUIFAX WORKFORCE SOLUTIONS
A/P	211444	12/17/25	169.50	ERBE USA INC SURGICAL SYSTEMS
A/P	211445	12/17/25	545.00	FASTHEALTH CORPORATION
A/P	211446	12/17/25	431.65	FEDERAL EXPRESS CORP.
A/P	211447	12/17/25	3,529.65	FISHER HEALTHCARE
A/P	211448	12/17/25	24,821.96	GE PRECISION HEALTHCARE, LLC
A/P	211449	12/17/25	105.24	GULF COAST PAPER COMPANY
A/P	211450	12/17/25	360.00	HALF LEAGUE STORAGE
A/P	211451	12/17/25	3,400.00	HEALTH SOLUTIONS DIETETICS
A/P	211452	12/17/25	382.55	HEB CREDIT RECEIVABLES DEPT308
A/P	211453	12/17/25	23,663.00	HOSPITAL CARE CONSULTANTS INC.
A/P	211454	12/17/25	14,120.37	HUNTER PHARMACY SERVICES
A/P	211455	12/17/25	773.76	INOVALON PROVIDER INC.
A/P	211456	12/17/25	5,200.00	JOHN B WRIGHT LLC
A/P	211457	12/17/25	923.60	LANDAUER INC

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	211458	12/17/25	85.00	LEA ANN RAGUSIN PHOTOGRAPHY
A/P	211459	12/17/25	95.33	M.C. JOHNSON COMPANY INC
A/P	211460	12/17/25	892.00	MCKESSON MEDICAL SURGICAL INC
A/P	211461	12/17/25	1,881.88	MEDICAL DATA SYSTEMS, INC.
A/P	211462	12/17/25	3,761.75	MEDICAL SOLUTIONS LLC
A/P	211463	12/17/25	5.85	MEDIMPACT HEALTHCARE SYS, INC.
A/P	211464	12/17/25	.00	VOIDED
A/P	211465	12/17/25	1,816.87	MEDLINE INDUSTRIES INC
A/P	211466	12/17/25	36.75	MELSTAN, INC.
A/P	211467	12/17/25	579.57	MMC AUXILIARY GIFT SHOP
A/P	211468	12/17/25	.00	VOIDED
A/P	211469	12/17/25	10,131.14	MORRIS & DICKSON CO, LLC
A/P	211470	12/17/25	120.63	NACOGDOCHES TRANSCRIPTION
A/P	211471	12/17/25	1,000.00	NEXION HEALTH AT NAVASOTA INC
A/P	211472	12/17/25	2,187.50	ODEFEY WITTE WALL & VILLAFRANC
A/P	211473	12/17/25	4,034.00	PARAREV
A/P	211474	12/17/25	2,975.82	POC ELECTRIC, LLC
A/P	211475	12/17/25	53.38	PRECISION DYNAMICS CORP (PDC)
A/P	211476	12/17/25	2,952.47	PRESS GANEY ASSOCIATES, INC.
A/P	211477	12/17/25	831.48	QUIDELORTHO SALES COMPANY LLC
A/P	211478	12/17/25	369.66	SHARON SIMMS
A/P	211479	12/17/25	1,333.33	SIEMENS FINANCIAL SERVICES
A/P	211480	12/17/25	5,587.38	SINGLETON ASSOCIATES PA
A/P	211481	12/17/25	62.85	SKIP'S RESTAURANT EQUIPMENT
A/P	211482	12/17/25	6,650.00	SMITH & NEPHEW, INC.
A/P	211483	12/17/25	10,230.40	SPBS CLINICAL EQUIPMENT SRVC
A/P	211484	12/17/25	299.39	STAPLES
A/P	211485	12/17/25	37.06	STERIS CORPORATION
A/P	211486	12/17/25	693.96	STRYKER SALES, LLC
A/P	211487	12/17/25	2,240.00	SUMMIT PAIN AND WELLNESS
A/P	211488	12/17/25	6,130.42	T-SYSTEM, INC
A/P	211489	12/17/25	11,989.00	TEXAS HOSPITAL ASSOCIATION
A/P	211490	12/17/25	8,271.25	TEXAS SELECT STAFFING, LLC
A/P	211491	12/17/25	3,550.00	TRINITY PHYSICS CONSULTING LLC
A/P	211492	12/17/25	61.09	TRIZETTO PROVIDER SOLUTIONS
A/P	211493	12/17/25	124,325.03	TRUBRIDGE
A/P	211494	12/17/25	.00	VOIDED
A/P	211495	12/17/25	17,308.39	UNIFIRST HOLDINGS INC
A/P	211496	12/17/25	120.00	VICTORIA RADIOWORKS, LLC
A/P	211497	12/17/25	131.25	WAGEWORKS, INC
A/P	211498	12/17/25	2,305.12	WERFEN USA LLC
A/P	211499	12/17/25	1,112.00	WISCONSIN STATE LABORATORY
A/P	211500	12/17/25	247.50	YOUNG PLUMBING CO
A/P	211501	12/17/25	1,000.00	YOUR PHONE GUYS LLC
A/P	211502	12/17/25	43.18	[redacted]
A/P	211503	12/17/25	957.00	
A/P	211504	12/17/25	30,042.46	GOLDENCREEK HEALTHCARE
A/P	211505	12/17/25	2,646.93	LAVACA BAY NURSING AND REHAB
A/P	211506	12/17/25	30,116.19	TUSCANY VILLAGE
TOTALS:			618,354.87	

APPROVED ON
DEC 17 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payroll 418,235.08 +
11,989.00 +
Critical – 124,325.03 +
Acct. Ref. – 1,000.18 +
30,042.46 +
NH 30,116.19 +
Xfers 2,646.93 +
618,354.87

CITIBANK CORPORATE CARD

Account Statement

Commercial Card Account
ERIN CLEVENGER

citi

Account Inquiries:
Toll Free: 1-(800)-248-4553
International: 1-(904)-954-7314
TDD/TTY: 1-(877)-505-7276

Account Number: XXXX-XXXX-XXXX-6228

Summary of Account Activity

Total Activity	$4,518.15

Send Notice of Billing Errors and Customer Service Inquiries to:
CITIBANK, N.A., PO BOX 6125, SIOUX FALLS SD 57117-6125

Not an invoice. For your records only.

Credit Limit	$20,000
Cash Advance Limit	$5,000
Statement Closing Date	**12/03/2025**
Days in Billing Period	30

Transactions

Post Date	Trans Date	MCC	Reference Number		Description/Location				Amount
			********** NOTICE MEMO ITEM(S) LISTED BELOW **********						
11/04	11/03	9399	05134375308600070986138	1	NPDB NPDB.HRSA.GOV N143237156	ROCKVILLE MD	20852	USA	2.50
11/04	11/04	8999	55432865308201021840559	2	FAXAGE	DENVER CO	80222	USA	135.33
11/11	11/10	5732	05227025314300233913340	3	ALTEX COMPUTER AND ELE CSCOR175993	SAN ANTONIO TX	78223	USA	2,699.90
11/18	11/17	9399	05134375322600070324308	4	NPDB NPDB.HRSA.GOV N144203755	ROCKVILLE MD	20852	USA	2.50
11/18	11/18	8999	55432865322205788653297	5	AMA*CREDENTIALING	CHICAGO IL	60611	USA	44.00
11/20	11/19	7372	51043235323067590466077	6	SYSTEM13INC 59046607	4349770000 VA	22911	USA	1,000.00
11/20	11/19	5968	75418235323243639221312	7	WEB*NETWORKSOLUTIONS 23592756	JACKSONVILLE FL	32258	USA	399.89
11/25	11/24	9399	05134375329600083277306	8	NPDB NPDB.HRSA.GOV N144517120	ROCKVILLE MD	20852	USA	2.50
11/25	11/25	8999	55432865329208311525779	9	AMA*CREDENTIALING	CHICAGO IL	60611	USA	44.00
11/28	11/26	9399	05134375331600117222084	10	NPDB NPDB.HRSA.GOV N144665529	ROCKVILLE MD	20852	USA	2.50
11/28	11/26	9399	05134375331600117222167	11	NPDB NPDB.HRSA.GOV N144665641	ROCKVILLE MD	20852	USA	2.50
11/28	11/27	8999	55432865331209072492379	12	AMA*CREDENTIALING	CHICAGO IL	60611	USA	44.00
12/02	12/02	8999	55432865336201030061987	13	FAXAGE	DENVER CO	80222	USA	138.53
									********** TOTAL AMOUNT OF MEMO ITEM(S): **$4,518.15**

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

12-2225

citi CITIBANK, N.A.
PO BOX 6125
SIOUX FALLS SD 57117-6125

APPROVED ON
DEC 11 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Account Number XXXX-XXXX-XXXX-6228
Statement Closing Date December 03, 2025

Not an invoice.
For your records only.

ERIN CLEVENGER
202 S ANN ST., STE A
PORT LAVACA TX 77979-4204

00010079643

(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: Citibank

Date: 12/5/2025

Vendor Address:

P.O. #

Vendor Phone #:

Account #

Vendor Fax #:

Initiated By:

Date Required | Expense # | Department | Deliver To | Form # 9401

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		NPDB x 1 Provider			✓ 2.50
2	—		Faxage - Oct Invoice			✓ 135.33
3	—		Altex Computer and			✓ 699.90
4			Elect (x10) (IT)			
5	—		NPDB x 1 Provider			✓ 2.50
6	—		AMA x 1 Physician			✓ 44.00
7	—		SystemB, Inc - THCIC			✓ 1,000.00
8			support.			
9	—		Network Solutions			✓ 399.89
10			Renewal (IT)			

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

NOTES:

charges made to Erin's credit card

Contact: Date:

Quoted By:

Buyer: E.T.A.

Dept. Director

Dir. Nursing

Dir. Clinical Services

CFO ✓

Administrator

(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: Citibank

Date: 12/5/2025

Vendor Address:

P.O. #

Vendor Phone #:

Account #

Vendor Fax #:

Initiated By:

Date Required | Expense # | Department | Deliver To | Form #9401

Line #	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1			NPDB - 1 Provider Enroll			✓ 2.50
2			AMA - 1 Physician			✓ 44.00
3			NPDB - 1 Provider Enroll			✓ 2.50
4			NPDB - 1 Provider Enroll			✓ 2.50
5			AMA - 1 Physician			✓ 44.00
6			Postage - NBV Invoice			✓ 138.53
7						
8						
9						
10						

Est. Freight _____ Est. Total Cost _____ TOTAL COST $4,518.18

NOTES:

Charges made to Erin's credit card

Contact: Date:

Quoted By:

Buyer: E.T.A.

Dept. Director

Dir. Nursing

Dir. Clinical Services

CFO ✓

Administrator

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 12/12/2025 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 12/13/2025

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

As of: 12/12/2025 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536
Date: 12/13/2025

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	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: 20,665.91 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 12/16/2025,
Pay This Amount: 20,252.56 USD

If Paid After 12/16/2025,
Pay this Amount: 20,665.91 USD

Due If Paid On Time:
USD 20,252.56

Disc lost if paid late: 413.35

Due If Paid Late:
USD 20,665.91

APPROVED ON
DEC 15 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

20,245.56 +
3.28 +
2.23 +
1.49 +
20,252.56 =

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 12/12/2025 Page: 001

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

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 SuppID:
Territory: 7001

Customer: 256342
Date: 12/13/2025

As of: 12/12/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 12/13/2025

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342	**WALMART 1098/MEM MED PHS**										
12/06/2025	12/16/2025	7605766714	252497792	115Invoice	2.13	106.74		104.61	✓	7605766714	
12/06/2025	12/16/2025	7605766715	259876642	115Invoice	0.01	0.63		0.62	✓	7605766715	
12/06/2025	12/16/2025	7605766716	260271662	115Invoice	0.01	0.32		0.31	✓	7605766716	
12/06/2025	12/16/2025	7605766717	250743763	115Invoice	1.78	88.95		87.17	✓	7605766717	
12/06/2025	12/16/2025	7605766718	253128232	115Invoice	20.15	1,007.48		987.33	✓	7605766718	
12/06/2025	12/16/2025	7605766719	253401676	115Invoice	13.43	671.65		658.22	✓	7605766719	
12/06/2025	12/16/2025	7605766720	253813503	115Invoice	13.43	671.65		658.22	✓	7605766720	
12/08/2025	12/16/2025	7605998130	251852029	115Invoice	2.07	103.32		101.25	✓	7605998130	
12/08/2025	12/16/2025	7605998131	253128232	115Invoice	11.59	579.30		567.71	✓	7605998131	
12/08/2025	12/16/2025	7605998132	252988426	115Invoice	11.59	579.30		567.71	✓	7605998132	
12/08/2025	12/16/2025	7605998133	253128232	115Invoice	11.59	579.30		567.71	✓	7605998133	
12/08/2025	12/16/2025	7605998134	251160457	115Invoice	6.69	334.56		327.87	✓	7605998134	
12/08/2025	12/16/2025	7605998135	251239593	115Invoice	20.07	1,003.68		983.61	✓	7605998135	
12/08/2025	12/16/2025	7605998136	253900242	115Invoice	13.43	671.65		658.22	✓	7605998136	
12/08/2025	12/16/2025	7605998137	254040478	115Invoice	6.72	335.83		329.11	✓	7605998137	
12/08/2025	12/16/2025	7605998138	251725149	115Invoice	5.41	270.70		265.29	✓	7605998138	
12/08/2025	12/16/2025	7605998139	260271662	115Invoice	0.02	0.95		0.93	✓	7605998139	
12/08/2025	12/16/2025	7605998140	256317862	115Invoice	1.47	73.64		72.17	✓	7605998140	
12/08/2025	12/16/2025	7605998141	251307890	115Invoice	6.07	303.44		297.37	✓	7605998141	
12/08/2025	12/16/2025	7605998142	251369670	115Invoice	24.28	1,213.76		1,189.48	✓	7605998142	
12/08/2025	12/16/2025	7606019337	260752003	115Invoice	0.01	0.32		0.31	✓	7606019337	
12/08/2025	12/16/2025	7606019338	259490796	115Invoice	59.32	2,966.07		2,906.75	✓	7606019338	
12/09/2025	12/16/2025	7606261110	250752274	115Invoice	0.03	1.48		1.45	✓	7606261110	
12/09/2025	12/16/2025	7606261111	250232251	195Invoice	6.12	305.83		299.71	✓	7606261111	
12/09/2025	12/16/2025	7606261112	254965940	115Invoice	2.84	142.18		139.34	✓	7606261112	
12/09/2025	12/16/2025	7606261113	250232251	195Invoice	5.75	287.33		281.58	✓	7606261113	
12/09/2025	12/16/2025	7606261114	251239593	115Invoice	6.69	334.56		327.87	✓	7606261114	
12/09/2025	12/16/2025	7606261115	250237229	115Invoice	0.01	0.32		0.31	✓	7606261115	
12/09/2025	12/16/2025	7606261116	250232251	195Invoice	2.50	124.82		122.32	✓	7606261116	
12/09/2025	12/16/2025	7606261117	250232251	195Invoice	2.45	122.57		120.12	✓	7606261117	
12/09/2025	12/16/2025	7606261118	254040478	115Invoice	6.72	335.83		329.11	✓	7606261118	

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

As of: 12/12/2025 Page: 002

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 12/13/2025

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

As of: 12/12/2025 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

Cust: 256342
Date: 12/13/2025

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
12/09/2025	12/16/2025	7606261119	250232251	195Invoice	2.33	116.45		114.12		7606261119	
12/09/2025	12/16/2025	7606261120	250237229	115Invoice	5.10	255.10		250.00		7606261120	
12/09/2025	12/16/2025	7606261121	250232251	195Invoice	0.06	2.85		2.79		7606261121	
12/09/2025	12/16/2025	7606261122	250232251	195Invoice	15.32	766.22		750.90		7606261122	
12/09/2025	12/16/2025	7606261123	251751136	165Invoice	0.01	0.32		0.31		7606261123	
12/09/2025	12/16/2025	7606261124	250232251	195Invoice	48.73	2,436.34		2,387.61		7606261124	
12/09/2025	12/16/2025	7606261125	250237229	115Invoice	0.01	0.63		0.62		7606261125	
12/09/2025	12/16/2025	7606261126	250232251	195Invoice	0.09	4.74		4.65		7606261126	
12/09/2025	12/16/2025	7606261127	250232251	195Invoice	0.06	3.16		3.10		7606261127	
12/09/2025	12/16/2025	7606280322	251104823	195Invoice	0.02	0.95		0.93		7606280322	
12/10/2025	12/16/2025	7606511940	254965940	115Invoice	2.84	142.18		139.34		7606511940	
12/10/2025	12/16/2025	7606511941	250388355	165Invoice	0.78	38.82		38.04		7606511941	
12/10/2025	12/16/2025	7606511942	254114425	115Invoice	6.72	335.83		329.11		7606511942	
12/10/2025	12/16/2025	7606511943	252256655	115Invoice	5.41	270.70		265.29		7606511943	
12/10/2025	12/16/2025	7606511944	250388355	165Invoice	5.11	255.41		250.30		7606511944	
12/10/2025	12/16/2025	7606511945	250382116	195Invoice	0.01	0.32		0.31		7606511945	
12/10/2025	12/16/2025	7606522712	252497792	115Invoice	6.13	306.59		300.46		7606522712	
12/10/2025	12/16/2025	7606522713	252988426	115Invoice	6.79	339.32		332.53		7606522713	
12/10/2025	12/16/2025	7606522714	251104823	195Invoice	0.01	0.32		0.31		7606522714	
12/11/2025	12/16/2025	7606751915	261306200	115Invoice	5.27	263.51		258.24		7606751915	
12/11/2025	12/16/2025	7606751916	260271662	115Invoice	0.01	0.32		0.31		7606751916	
12/11/2025	12/16/2025	7606751917	260885266	115Invoice	0.01	0.63		0.62		7606751917	
12/11/2025	12/16/2025	7606751918	254114425	115Invoice	6.72	335.83		329.11		7606751918	
12/11/2025	12/16/2025	7606751919	254244182	115Invoice	13.43	671.65		658.22		7606751919	
12/11/2025	12/16/2025	7606751920	250522307	195Invoice	0.26	12.94		12.68		7606751920	
12/11/2025	12/16/2025	7606751921	250522307	195Invoice	16.24	812.11		795.87		7606751921	
12/11/2025	12/16/2025	7606765597	252036333	115Invoice	1.33	66.41		65.08		7606765597	
12/11/2025	12/16/2025	7606765598	250522307	195Invoice	0.02	0.95		0.93		7606765598	

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

As of: 12/12/2025 Page: 003

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 12/13/2025

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

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

As of: 12/12/2025 Page: 003
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 12/13/2025

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	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: 20,658.76 USD

Future Due:	0.00			**Due If Paid On Time:** USD	20,245.56
Past Due:	0.00	**If Paid By 12/16/2025, Pay This Amount:**	20,245.56 USD	**Disc lost if paid late:**	413.20
Last Payment 12/08/2025	77,639.07	**If Paid After 12/16/2025, Pay this Amount:**	20,658.76 USD	**Due If Paid Late:** USD	20,658.76

APPROVED ON
DEC 15 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

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

As of: 12/12/2025 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 820405
Date: 12/13/2025

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

As of: 12/12/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 **PLEASE CHECK ANY**
Date: 12/13/2025 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 820405 HEB PHCY WHSE/MEM MED PHS											
12/12/2025	12/16/2025	7606803997	B2512-055-262195	115Invoice	0.07	3.35		3.28	✓	7606803997	

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: 3.35 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 77,639.07
12/08/2025

If Paid By 12/16/2025,
Pay This Amount: 3.28 USD

If Paid After 12/16/2025,
Pay this Amount: 3.35 USD

Due If Paid On Time:
USD 3.28

Disc lost if paid late:
0.07

Due If Paid Late:
USD 3.35

APPROVED ON
DEC 15 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 12/12/2025 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835434
Date: 12/13/2025

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

As of: 12/12/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434 PLEASE CHECK ANY
Date: 12/13/2025 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835434 CVS PHCY 8923/MEM MC PHS											
12/10/2025	12/16/2025	7606498222	4626291	115Invoice	0.05	2.28		2.23	✓	7606498222	

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

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

Subtotals: 2.28 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 17,260.03
11/24/2025

If Paid By 12/16/2025,
Pay This Amount: 2.23 USD

If Paid After 12/16/2025,
Pay this Amount: 2.28 USD

Due If Paid On Time:
USD 2.23

Disc lost if paid late:
0.05

Due If Paid Late:
USD 2.28

APPROVED ON

DEC 15 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 12/12/2025 Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835438
Date: 12/13/2025

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

As of: 12/12/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438
Date: 12/13/2025

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
12/10/2025	12/16/2025	7606448874	4625890	115Invoice	0.03	1.52		1.49	✓	7606448874	

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

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

Subtotals: 1.52 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 81,282.39
10/13/2025

If Paid By 12/16/2025, Pay This Amount: 1.49 USD

If Paid After 12/16/2025, Pay this Amount: 1.52 USD

Due If Paid On Time: USD 1.49

Disc lost if paid late: 0.03

Due If Paid Late: USD 1.52

APPROVED ON

DEC 15 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

cencora

STATEMENT

Statement Number: 71085126
Date: 12-12-2025

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:	181.72
Past Due:	0.00
Total Due:	181.72
Account Balance:	181.72

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
12-08-2025	12-19-2025	3235394296	7011104004	Invoice	89.24		0.00	89.24
12-08-2025	12-19-2025	3235394297	7011109312	Invoice	3.55		0.00	3.55
12-08-2025	12-19-2025	3235394298	7011114796	Invoice	1.18		0.00	1.18
12-10-2025	12-19-2025	3235669151	7011125949	Invoice	5.96		0.00	5.96
12-11-2025	12-19-2025	3235807084	7011132523	Invoice	18.03		0.00	18.03
12-12-2025	12-19-2025	3235937444	7011139553	Invoice	63.76		0.00	63.76

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
181.72	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
12-12-2025	(1,000.64)

APPROVED ON
DEC 15 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
12-19-2025	181.72
Total Due:	181.72

MB

Processing Number 0000007221166721 Document Type Customer Statement 20251214003726

cencora

STATEMENT

Statement Number: 71101056
Date: 12-12-2025

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

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

Customer Number
100566356 / 100566356
Terms
Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	136.90
Past Due:	0.00
Total Due:	136.90
Account Balance:	136.90

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
12-08-2025	12-19-2025	3235357762	7011108737	Invoice	1.51		0.00	1.51
12-08-2025	12-19-2025	3235357764	7011114517	Invoice	3.06		0.00	3.06
12-09-2025	12-19-2025	3235567325	7011124974	Invoice	66.18		0.00	66.18
12-11-2025	12-19-2025	3235842732	7011139295	Invoice	66.15		0.00	66.15

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
136.90	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON
DEC 15 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
12-19-2025	136.90
Total Due:	136.90

MSL

Processing Number: 000000722116146? Document Type: Customer Statement 20251214004237

TOLL FEE PHONE NUMBER: 1-800-555-3453
(EFTPS TUTORIAL SYSTEM: 1-800-572-8683)

		####	ENTER:	
☐	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	###		
☐	"ENTER YOUR 4-DIGIT PIN"			
☐	"MAKE A PAYMENT, PRESS 1"		1	
☐	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941	#
☐	"IF FEDERAL TAX DEPOSIT ENTER 1"		1	
☐	"ENTER 2-DIGIT TAX FILING YEAR"	★	25	
☐	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	12	
	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			
☐	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 114,974.02	#
	"1 TO CONFIRM"		1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 60,433.32	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 14,490.42	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 40,050.28	#
☐	"6-DIGIT SETTLEMENT DATE"	★		
	"1 TO CONFIRM"		1	
☐	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		11/28/2025	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: END		12/11/2025					
PAY DATE:		12/19/2025					
GROSS PAY:	$	535,336.71			$ -		$ 535,336.71
DEDUCTIONS:							
A/R	$	720.00					$ 720.00
ADVANC							$ -
BOOTS							$ -
MUTUAL CRITICAL ILLNESS							$ -
MUTUAL ACCIDENT							$ -
IRS TAX							$ -
MUTUAL SHORT TERM DIS							$ -
MUTUAL VISION	$	791.28					$ 791.28
CAFÉ-D	$	1,197.00					$ 1,197.00
CAFÉ-H	$	28,586.09					$ 28,586.09
	$	-					$ -
	$	-					$ -
CAFÉ-P							$ -
CANCER							$ -
CHILD	$	-					$ -
CLINIC							$ -
COMBIN	$	228.60					$ 228.60
CREDUN	$	-					$ -
DENTAL	$	-					$ -
DEP-LF							$ -
MUTUAL TERM LIFE	$	1,135.67					$ 1,135.67
MUTUAL HOSP INDEM	$	563.50					$ 563.50
FED TAX	$	40,050.28					$ 40,050.28
FICA-M	$	7,245.21					$ 7,245.21
FICA-O	$	30,216.66					$ 30,216.66
FICA-M ADDITIONAL							$ -
FIRST C							$ -
FLEX S	$	4,197.10					$ 4,197.10
FLX-FE	$	-					$ -
GIFT S	$	374.72					$ 374.72
MUTUAL CRITICAL ILLNESS	$	878.88					$ 878.88
MUTUAL ACCIDENT	$	577.08					$ 577.08
MUTUAL SHORT TERM DIS	$	1,856.40					$ 1,856.40
LEGAL	$	934.95					$ 934.95
OTHER	$	3,869.45					$ 3,869.45
NATIONAL FARM LIFE	$	1,575.19					$ 1,575.19
MED SURCHARGE							$ -
Blank							$ -
RELAY							$ -
REPAY							$ -
STONEDF	$	895.00					$ 895.00
STONE							$ -
STONE 2							$ -
STUDEN							$ -
TSA-R	$	36,302.34					$ 36,302.34
UW/HOS	$	-					$ -
TOTAL DEDUCTIONS:	$	162,195.40	$ -	$ -	$ -	$ -	$ 162,195.40
	"SHOULD MATCH REPORT"		"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	
NET PAY:	$	373,141.31	$ -	$ -	$ -	$ -	$ 373,141.31
	"SHOULD MATCH REPORT"		"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	
TOTAL CAFÉ 125 PLAN:	$	35,666.47	Less Exempt:				
TAXABLE PAY:	$	498,670.24	$ 487,364.23				Exempt Amt:

		"CALCULATED"	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 7,245.22		
FICA - MED (EE)	1.45%	$ 7,245.22	$ 7,245.21	$ 0.01
FICA - SOC SEC (ER)	6.20%	$ 30,216.58		
FICA - SOC SEC (EE)	6.20%	$ 30,216.58	$ 30,216.66	$ (0.08)
FED WITHHOLDING		$ 40,050.28	$ 40,050.28	

Employees over FICA-SS Cap:

Erin Clevenger	$ 6,988.87
Michael Gaines	$ 5,317.14

Paycode S - Employee Reimb.:

TOTAL: $ 12,306.01

TAX DEPOSIT:				
		$ 114,973.88	$ 114,974.02	
FICA - MEDICARE	2.90%	$ 14,490.44	$14,490.42	
FICA - SOCIAL SECURITY	12.40%	$ 60,433.16	$60,433.32	PREPARED BY:
FED WITHHOLDING		$ 40,050.28	$40,050.28	PREPARED DATE:
TOTAL TAX:		$ 114,973.88	$114,974.02	$ (0.14)

Andrie Flores

12/15/2025

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WB	HO	CB	Gross
1	REGULAR PAY-S1	9909.25	N		N	N		219575.28
1	REGULAR PAY-S1	1822.00	N		N	N	N	93734.27
1	REGULAR PAY-S1	4.50	N		N	Y		169.52
1	REGULAR PAY-S1	243.25	Y		N	N		10019.46
1	REGULAR PAY-S1	8.00	Y		N	N	N	441.00
2	REGULAR PAY-S2	2417.75	N		N	N		69360.71
2	REGULAR PAY-S2	89.75	Y		N	N		3145.51
3	REGULAR PAY-S3	1606.00	N		N	N		54727.21
3	REGULAR PAY-S3	1.75	N		N	Y		46.01
3	REGULAR PAY-S3	81.00	Y		N	N		3453.15
4	CALL BACK PAY	12.50	N	1	N	N	Y	554.38
4	CALL BACK PAY	7.00	N	2	N	N	Y	371.19
4	CALL BACK PAY	1.75	N	3	N	N	Y	111.89
4	CALL BACK PAY	1.00	Y	2	N	N	Y	94.40
4	CALL BACK PAY	2.25	Y	3	N	N	Y	140.23
C	CALL PAY	24.00	N		N	N	N	48.00
C	CALL PAY	2382.25	N	1	N	N		4764.50
D	DOUBLE TIME	16.50	N	1	N	N		914.69
D	DOUBLE TIME	16.00	N	2	N	N		1369.40
D	DOUBLE TIME	24.00	N	3	N	N		2213.44
D	DOUBLE TIME	3.25	Y	1	N	N		276.41
D	DOUBLE TIME	3.50	Y	2	N	N		313.43
E	EXTRA WAGES		N		N	N	N	12.00
E	EXTRA WAGES		N	1	N	N	N	2105.00
F	FUNERAL LEAVE	48.00	N	1	N	N		1709.04
I	INSERVICE	35.50	N	1	N	N		2443.54
I	INSERVICE	2.75	Y	1	N	N		148.35
J	JURY LEAVE	1.50	N	1	N	N		45.00
K	EXTENDED-ILLNESS-BANK	16.00	N		N	N	N	853.28
K	EXTENDED-ILLNESS-BANK	357.00	N	1	N	N		8567.11
P	PAID-TIME-OFF	182.00	N		N	N	N	5973.84
P	PAID-TIME-OFF	1509.50	N	1	N	N		46680.32
X	CALL PAY 2	88.00	N	1	N	N		176.00
Z	CALL PAY 3	48.00	N	1	N	N		144.00
p	PAID TIME OFF - PROBATION	8.00	N		N	N	N	596.15

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R	695.00	A/R2	25.00	A/R3	
ADVANC		AWARDS		BCBSVI	
BOOTS		CAFE H		CAFE-1	
CAFE-2		CAFE-3		CAFE-4	
CAFE-5		CAFE-C		CAFE-D	1197.00
CAFE-F		CAFE-H	28586.09	CAFE-I	
CAFE-L		CAFE-P		CANCER	
CHILD		CLINIC		COMBIN	228.60
CREDUN		DD ADV		DENTAL	
DEP-LF		DIS-LF		EAT	
EATCSH		FEDTAX	40050.28	FICA-M	7245.21
FICA-O	30216.66	FIRSTC		FLEX S	3670.10
FLX FE		FORT D		FUTA	
GIFT S	374.72	GRANT		GRP-IN	
GTL		HOSP-I		HSA	527.00
ID TFT		IRSTAX		LEAF	
LEGAL	221.95	MASA	713.00	MEALS	3869.45
METVIS		MISC		MISC/	
MMCSHR		MOOACC	577.08	MOOILL	878.88
MOOIND	563.50	MOOLIF	1135.67	MOOSTD	1856.40
MOOVIS	791.28	NATFML	1575.19	OTHER	
PHI		PHI***		PR FIN	
RELAY		REPAY		SAMS	
SCRUBS		SIGNON		ST-TX	
STONDF	895.00	STONE		STONE2	
STUDEN		SUNACC		SUNILL	
SUNIND		SUNLIF		SUNSTD	
SUNVIS		SURCHG		TSA-1	
TSA-2		TSA-C		TSA-F	
TSA-R	36302.34	TUTION		UNIPOR	
UW/HOS					

Grand Totals: 20073.50 ------- (Gross: 525336.71 Deductions: 162195.40 Net: 373141.31

Checks Count:- FT 197 PT 13 Other 39 Female 225 Male 23 Credit OverAmt 16 ZeroNet Term Total: 248

12/15/25

5355	76360	3	21	1	2025	164000651	1000	12/8/2025	-$20,801.00	1	LIBERTY DIALYSIS VICTORIA	P	465	0	[redacted]		HDI	T	5/1/2025	5/31/2025	262438451
6981	76351	1	1	0	2025	337000997	0	12/8/2025	$26,055.22	1	TRUESCRIPTS MANAGEMENT SERVICE LLC	P	517	0	[redacted]		PCS	F	11/17/2025	11/30/2025	464334244
6982	76351	1	1	0	2025	338000229	0	12/8/2025	$328.15	1	GLOBAL RX MANAGEMENT LIMITED	P	517	0	[redacted]		PCS	F	10/1/2025	10/15/2025	89173213
6985	76351	3	55	0	2025	316000730	0	12/8/2025	$31.63	1	SINGLETON ASSOCIATES PA	P	189	0	[redacted]		ERD	F	11/1/2025	11/1/2025	741680498
6988	76351	3	57	0	2025	318000801	0	12/8/2025	$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	360	0	[redacted]		POV	F	11/11/2025	11/11/2025	742605670
6992	76351	3	69	0	2025	316001281	0	12/8/2025	$264.19	1	SINGLETON ASSOCIATES PA	P	321	0	[redacted]		MRIO	F	8/7/2025	8/7/2025	741680498
6994	76351	3	82	1	2025	316000692	0	12/8/2025	$388.73	1	CHILDRENS PHYSICIAN SERVICES SOUTH TEXAS	P	189	0	[redacted]		ERD	F	9/26/2025	9/26/2025	742620408
6995	76351	3	82	1	2025	322000041	0	12/8/2025	$543.18	1	CHILDRENS PHYSICIAN SERVICES	P	483	0	[redacted]		ODX	F	10/7/2025	10/7/2025	742620408
6996	76351	3	43	0	2025	323000251	0	12/8/2025	$648.24	1	HOUSTON CARDIOVASCULAR ASSOCIATES LLC	P	481	0	[redacted]		OPDX	F	11/11/2025	11/11/2025	741941710
6999	76360	2	35	0	2025	337000090	0	12/8/2025	$503.00	1	CAPCOST/CAPROCK HEALTHPLANS	P	933	0	[redacted]		DISP	F	5/6/2025	5/6/2025	261569907
7001	76360	3	21	1	2025	335000788	0	12/8/2025	$20,801.00	1	LIBERTY DIALYSIS VICTORIA	P	465	0	[redacted]		HDI	F	5/1/2025	5/31/2025	262438451
7002	76360	3	13	0	2025	316000708	0	12/8/2025	$17.24	1	COX GARY F	P	457	0	[redacted]		OVS	F	11/10/2025	11/10/2025	742068224
7003	76360	3	32	2	2025	325001430	0	12/8/2025	$31.61	1	SINGLETON ASSOCIATES PA	P	189	0	[redacted]		ERD	F	10/29/2025	10/29/2025	741680498
7004	76360	3	74	0	2025	317000422	0	12/8/2025	$49.94	1	ADU SPORTS MEDICINE CLINIC	P	457	0	[redacted]		OVS	F	11/11/2025	11/11/2025	273335355
7006	76360	3	49	2	2025	316000716	0	12/8/2025	$65.89	1	GUELVALDIVIA VERONICA	P	177	0	[redacted]		OV	F	11/4/2025	11/4/2025	742640162
7013	76360	3	53	0	2025	323000298	0	12/8/2025	$120.00	1	ORTHOSOURCE INC	P	172	0	[redacted]		AB	F	10/21/2025	10/21/2025	470843793
7014	76360	3	50	0	2025	325000069	0	12/8/2025	$125.73	1	VICTORIA VA CLINIC	P	177	0	[redacted]		OV	F	3/26/2025	3/26/2025	742112082
7015	76360	3	49	2	2025	316000786	0	12/8/2025	$149.26	1	OLEANDER EMERGENCY MEDICINE ASSOCIATES	P	189	0	[redacted]		ERD	F	9/18/2025	9/18/2025	454288136
7016	76360	3	125	1	2025	318000793	0	12/8/2025	$149.26	1	ESS OF PORT LAVACA LLC	P	189	0	[redacted]		ERD	F	9/20/2025	9/20/2025	815248556
7017	76360	3	122	0	2025	328000019	0	12/8/2025	$150.16	1	SINGLETON ASSOCIATES PA	P	189	0	[redacted]		ERD	F	10/23/2025	10/23/2025	741680498
7019	76360	3	51	1	2025	325000118	0	12/8/2025	$308.05	1	VICTORIA EYE CENTER	P	457	0	[redacted]		OVS	F	11/3/2025	11/3/2025	742208337
7020	76360	3	30	1	2025	328000059	0	12/8/2025	$469.94	1	SURGICAL SUPPORT ALLIANCE PLLC	P	432	0	[redacted]		TO	F	10/21/2025	10/21/2025	832052855
7023	76360	999	35	0	2025	322000034	0	12/8/2025	$105.51	1	LIVER ASSOCIATES OF TEXAS	P	188	0	[redacted]		HV	F	8/30/2025	8/30/2025	760693452
									$51,371.82												

TOTAL CHECKS	**$51,371.82**
TOTAL VOIDS	$20,801.00
TOTAL TO FUND	**$51,371.82**

MSR ✓

APPROVED ON

DEC 15 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Dec 8, 2025 - Dec 14, 2025

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #	GL number
12/12/2025	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	1,000.64 *	902069	60310000
12/10/2025	PAY PLUS ACHTrans 104377041 101000693883181	- 3rd Party Payor Fee	17.06	902070	40440076
12/10/2025	HPHG LLC PORT LAVA MemMedCtr PtLav 113122650	- Health Insurance Claim Payments	24,590.56 **	902071	60320000
12/10/2025	TSYS/TRANSFIRST MERCH FEES 39300982541616 61	- Credit Card Processing Fee	4,452.62	902072	40440076
12/10/2025	TSYS/TRANSFIRST MERCH FEES 41399801332385 61	- Credit Card Processing Fee	328.46	902073	40440076
12/10/2025	TSYS/TRANSFIRST MERCH FEES 41399801332419 61	- Credit Card Processing Fee	43.85	902074	40440076
12/10/2025	TSYS/TRANSFIRST MERCH FEES 41399801332401 61	- Credit Card Processing Fee	867.84	902075	40440076
12/10/2025	TSYS/TRANSFIRST MERCH FEES 41399801368397 61	- Credit Card Processing Fee	63.96	902076	40440076
12/10/2025	TSYS/TRANSFIRST MERCH FEES 41399801332393 61	- Credit Card Processing Fee	2,688.29	902077	40440076
12/9/2025	PAY PLUS ACHTrans 104103064 101000692251518	- 3rd Party Payor Fee	37.55	902078	40440076
12/9/2025	MCKESSON DRUG AUTO ACH ACH06813159 910000135	- 340B Drug Program Expense	77,639.07 *	902079	60310000
12/8/2025	PAY PLUS ACHTrans 103737080 101000690280248	- 3rd Party Payor Fee	126.11	902080	40440076
12/8/2025	IRS USATAXPYMT 270574212610915 6103601001927	- Payroll Taxes	114,870.87 **	902081	FWT:20200000 FICA:20210000
			226,726.88		

Michelle Cumberland December 15, 2025
Michelle Cumberland, CFO
Memorial Medical Center

* Approved on 12.10.25 cc
** Approved on 12.03.25 cc

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
			-

December 15, 2025
Michelle Cumberland, CFO
Memorial Medical Center

APPROVED ON
DEC 15 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

226,726.88 +
1,000.64 -
24,590.56 -
77,639.07 -
114,870.87 -
8,625.74 ◇
8,625.74 -
0.00 ◇

pay plus
17.06 +
37.55 +
126.11 +
180.72

4,452.62 +
328.46 +
proc. fee
43.85 +
867.84 +
63.96 +
2,688.29 +
8,445.02

180.72 +
8,445.02 +
8,625.74 ◇

Plan	Start Date	EE Per Pay Cost	ER Per Pay Cost
2025 Heath Equity Health Savings Account	10/1/2025	$ 40.00	$ 25.00
2025 Heath Equity Health Savings Account	1/1/2025	$ -	$ 25.00
2025 Heath Equity Health Savings Account	1/1/2025	$ -	$ 25.00
2025 Heath Equity Health Savings Account	1/1/2025	$ 30.00	$ 25.00
2025 Heath Equity Health Savings Account	2/1/2025	$ 5.00	$ 25.00
2025 Heath Equity Health Savings Account	1/1/2025	$ -	$ 25.00
2025 Heath Equity Health Savings Account	1/1/2025	$ -	$ 25.00
2025 Heath Equity Health Savings Account	10/1/2025	$ 15.00	$ 25.00
2025 Heath Equity Health Savings Account	1/1/2025	$ 137.00	$ 25.00
2025 Heath Equity Health Savings Account	10/1/2025	$ -	$ 25.00
2025 Heath Equity Health Savings Account	9/1/2025	$ 10.00	$ 25.00
2025 Heath Equity Health Savings Account	1/1/2025	$ -	$ 25.00
2025 Heath Equity Health Savings Account	1/1/2025	$ 25.00	$ 25.00
2025 Heath Equity Health Savings Account	1/1/2025	$ -	$ 25.00
2025 Heath Equity Health Savings Account	3/1/2025	$ 5.00	$ 25.00
2025 Heath Equity Health Savings Account	1/1/2025	$ 50.00	$ 25.00
2025 Heath Equity Health Savings Account	1/1/2025	$ -	$ 25.00
2025 Heath Equity Health Savings Account	1/1/2025	$ -	$ 25.00
2025 Heath Equity Health Savings Account	1/1/2025	$ 25.00	$ 25.00
2025 Heath Equity Health Savings Account	1/1/2025	$ 175.00	$ 25.00
2025 Heath Equity Health Savings Account	1/1/2025	$ -	$ 25.00
2025 Heath Equity Health Savings Account	1/1/2025	$ 50.00	$ 25.00
2025 Heath Equity Health Savings Account	1/1/2025	$ 10.00	$ 25.00
		$ 577.00	$ 575.00
	Total	$ 1,152.00	

RECEIVED BY THE
COUNTY AUDITOR ON

DEC 11 2025

CALHOUN COUNTY, TEXAS

12/11/2025 MEMORIAL MEDICAL CENTER 0
12:02 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 01/02/2026

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
120325		12/10/202	12/01/202	01/02/202			770.00	0.00	0.00	770.00
120425	ins. pmt. dup. into mmc opt in error	12/10/202	12/04/202	01/02/202			2,139.50	0.00	0.00	2,139.50
120425A		12/10/202	12/04/202	01/02/202			48.02	0.00	0.00	48.02
120925B		12/10/202	12/09/202	01/02/202			5,403.00	0.00	0.00	5,403.00
120925		12/10/202	12/09/202	01/02/202			21,420.85	0.00	0.00	21,420.85
120925A		12/10/202	12/09/202	01/02/202			261.09	0.00	0.00	261.09

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	30,042.46	0.00	0.00	30,042.46

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	30,042.46	0.00	0.00	30,042.46

APPROVED ON

DEC 11 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Check# 211504

RECEIVED BY THE
COUNTY AUDITOR ON

DEC 11 2025

CALHOUN COUNTY, TEXAS

12/11/2025
12:03

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 01/02/2026

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
120425		12/10/202	12/04/202	01/02/202			14,560.00	0.00	0.00	14,560.00
120425A		12/10/202	12/04/202	01/02/202			1,440.19	0.00	0.00	1,440.19
120525A		12/10/202	12/05/202	01/02/202			1,047.50	0.00	0.00	1,047.50
120525		12/10/202	12/05/202	01/02/202			628.50	0.00	0.00	628.50
120825A		12/10/202	12/08/202	01/02/202			1,000.00	0.00	0.00	1,000.00
120825		12/10/202	12/08/202	01/02/202			11,440.00	0.00	0.00	11,440.00

ins. pmt. due into mmc opt in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	30,116.19	0.00	0.00	30,116.19

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	30,116.19	0.00	0.00	30,116.19

APPROVED ON

DEC 11 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 211502

RECEIVED BY THE
COUNTY AUDITOR ON

DEC 11 2025

CALHOUN COUNTY, TEXAS

12/11/2025 MEMORIAL MEDICAL CENTER 0
12:02 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 01/02/2026

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
120425		12/10/202	12/04/202	01/02/202			2,646.93	0.00	0.00	2,646.93

ins. pmt dep into mmc opt in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	LAVACA BAY NURSING AND REHAB	2,646.93	0.00	0.00	2,646.93

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,646.93	0.00	0.00	2,646.93

APPROVED ON

DEC 11 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 211505

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
12/15/2025

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		6,200.61	6,100.61	165.54			265.54	**165.54**
						Bank Balance	265.54	
						Variance	-	
						Leave in Balance	100.00	

Routing Information for Ashford Gardens:

Ashford Health Care Center Ltd Co
JP Morgan Chase Bank

						Adjust Balance/Transfer Amt	**165.54**	
Broadmoor		5,687.56	5,587.56	-		-	100.00	0
						Bank Balance	100.00	
						Variance	-	
						Leave in Balance	100.00	

						Adjust Balance/Transfer Amt	-	
Crescent		5,781.11	5,681.11	-			100.00	0
						Bank Balance	100.00	
						Variance	-	
						Leave in Balance	100.00	

						Adjust Balance/Transfer Amt	-	
Fort Bend		5,798.91	3,509.71	149.58			2,438.78	**149.58**
						Bank Balance	2,438.78	
						Variance	-	
						Leave in Balance	100.00	
						Recoup Owed to MMC	1,993.07	
						Recoup Owed to MMC	196.13	

APPROVED ON
DEC 15 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

						Adjust Balance/Transfer Amt	**149.58**	
Solera at W Houston		8,583.01	7,589.45	6,494.50			7,488.06	**4,367.64**
						Bank Balance	7,488.06	
						Variance	-	
						Leave in Balance	100.00	
						Recoup Owed to MMC	893.56	
						Fort Bend Recoup Owed to MMC	2,126.86	

165.54 +
149.58 +
4,367.64 +
4,682.76 ◊

Bend / Broadmoor:

	Adjust Balance/Transfer Amt	**4,367.64**
	TOTAL TRANSFERS	**4,682.76**

Approved:
Michelle Cumberland, CFO **12/15/2025**

Note: Only balances of over $5,000 will be transferred to the nursing home.

J:\NH Weekly Transfers\NH UPL Transfer Summary\2025\NH UPL Transfer Summary 12.15.25

Ashford Gardens

	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
12/12/2025 HNB - ECHO HCCLAIMPMT 746003411 440000224052	-	165.54		165.54
12/11/2025 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	6,100.61	-		-
	-	-		-
	-	-		-
	-	-		-
	6,100.61	**165.54**	-	**165.54**

Broadmoor

	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
12/11/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III	5,587.56	-		-
				-
	-	-		-
	-	-		-
	-	-		-
	-	-		-
	5,587.56	-	-	-

Crescent

	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
12/11/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III	5,681.11	-		-
	-	-		-
	-	-		-
	-	-		-
	-	-		-
	-	-		-
	-	-		-
	5,681.11	-	-	-

Fort Bend

	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
12/12/2025 Deposit	-	149.58		9,213.66
12/11/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III	3,509.71	-		-
		-		-
				-
	-	-		-
	-	-		-
	-	-		-
	-	-		-
	3,509.71	**149.58**	-	**9,213.66**

Solera at West Houston

	Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
12/11/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III	7,589.45	-		-
12/8/2025 AARP Supplementa HCCLAIMPMT 746003411 124384	-	6,494.50		6,494.50
				-
				-
	-	-		-
	7,589.45	**6,494.50**	-	**6,494.50**

TOTALS	**6,809.62**	-	**15,873.70**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,875,244.84	$1,807,057.55	$1,875,244.84	$1,925,329.81
*4381 MEMORIAL MEDICAL / NH ASHFORD	$265.54	$265.54	$265.54	$100.00
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$100.00	$100.00	$100.00	$100.00
*4411 MEMORIAL MEDICAL / NH CRESCENT	$100.00	$100.00	$100.00	$100.00
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$7,488.06	$7,488.06	$7,488.06	$7,488.06
*4446 MEMORIAL MEDICAL / NH FORT BEND	$2,438.78	$2,438.78	$2,438.78	$2,289.20
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$430,371.17	$437,608.29	$430,371.17	$341,071.06
*4551 CAL CO INDIGENT HEALTHCARE	$10,216.07	$10,216.07	$10,216.07	$16,487.08
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$282,702.34	$284,655.07	$282,702.34	$282,407.36
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.00	$100.00	$100.00	$100.00
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$268,951.59	$270,127.22	$268,951.59	$165,780.48
*3407 MMC -NH TUSCANY VILLAGE	$250,634.69	$250,634.69	$250,634.69	$234,839.14
*2998 MMC -MONEY MARKET FUND	$572,037.37	$572,037.37	$572,037.37	$572,037.37
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$13,499.32	$13,499.32	$13,499.32	$12,473.26
Total Balance	**$3,714,149.77**	**$3,656,327.96**	**$3,714,149.77**	**$3,560,602.82**

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
12/15/2025

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		29,937.40	30,878.98	431,312.75		-	430,371.17	429,974.75
						Bank Balance	430,371.17	
						Variance	-	
						Leave in Balance	100.00	

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

Recoup Owed to MMC	58.61
Recoup Owed to MMC	237.81
Adjust Balance/Transfer Amt	429,974.75

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

Approved: MSC
Michelle Cumberland, CFO 12/15/2025

APPROVED ON
DEC 15 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
12/12/2025	248	699.84	-		-
12/12/2025	Deposit	-	78,960.09		78,960.09
12/12/2025	TSYS/TRANSFIRST CR CD DEP 543684555876917 43	-	500.00		500.00
12/12/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001124	-	10,233.86		10,233.86
12/12/2025	AETNA AS01 HCCLAIMPMT 1588075964 51000019514	-	306.00		306.00
12/11/2025	WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	28,841.14	-		-
12/11/2025	Deposit	-	61,324.17		61,324.17
12/11/2025	Deposit	-	245,266.93		245,266.93
12/11/2025	TSYS/TRANSFIRST CR CD DEP 543684555876917 43	-	500.00		500.00
12/11/2025	NOVITAS SOLUTION HCCLAIMPMT 676097 420000144	-	201.12		201.12
12/10/2025	TSYS/TRANSFIRST CR CD DEP 543684555876917 43	-	1,476.60		1,476.60
12/9/2025	GOLDENCREEKHEALT ELEC DEBIT 1220356 91000015	1,338.00	-		-
12/9/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001517	-	1,040.00		1,040.00
12/9/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001517	-	815.29		815.29
12/8/2025	TSYS/TRANSFIRST CR CD DEP 543684555876917 43	-	1,734.00		1,734.00
12/8/2025	GOLDENCREEKHEALT MERC DEP 1220356 9100001409	-	6,019.77		6,019.77
12/8/2025	HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2	-	12,434.92		12,434.92
12/8/2025	Am Health TX PAYMENT 21531 84307030005020	-	10,500.00		10,500.00
					-
		30,878.98	**431,312.75**	**-**	**431,312.75**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,875,244.84	$1,807,057.55	$1,875,244.84	$1,925,329.81
*4381 MEMORIAL MEDICAL / NH ASHFORD	$265.54	$265.54	$265.54	$100.00
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$100.00	$100.00	$100.00	$100.00
*4411 MEMORIAL MEDICAL / NH CRESCENT	$100.00	$100.00	$100.00	$100.00
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$7,488.06	$7,488.06	$7,488.06	$7,488.06
*4446 MEMORIAL MEDICAL / NH FORT BEND	$2,438.78	$2,438.78	$2,438.78	$2,289.20
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$430,371.17	$437,608.29	$430,371.17	$341,071.06
*4551 CAL CO INDIGENT HEALTHCARE	$10,216.07	$10,216.07	$10,216.07	$16,487.08
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$282,702.34	$284,655.07	$282,702.34	$282,407.36
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.00	$100.00	$100.00	$100.00
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$268,951.59	$270,127.22	$268,951.59	$165,780.48
*3407 MMC -NH TUSCANY VILLAGE	$250,634.69	$250,634.69	$250,634.69	$234,839.14
*2998 MMC -MONEY MARKET FUND	$572,037.37	$572,037.37	$572,037.37	$572,037.37
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$13,499.32	$13,499.32	$13,499.32	$12,473.26
Total Balance	**$3,714,149.77**	**$3,656,327.96**	**$3,714,149.77**	**$3,560,602.82**

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
12/15/2025

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza- Private Pay		254,046.86	-	28,655.48	-	-		282,702.34	No Transfer
							Bank Balance	282,702.34	
							Variance	-	
							Leave in Balance	100.00	
							Claims owed to MMC	279,868.43	
							Adjust Balance/Transfer Amt	2,733.91	

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza-Medicare/Medicaid		5,586.51	5,486.51	-		-		100.00	NO TRANSFER
							Bank Balance	100.00	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	-	
							TOTAL TRANSFERS	-	

Routing Information for Gulf Pointe Plaza:

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

Approved: MSC
Michelle Cumberland, CFO 12/15/2025

APPROVED ON
DEC 15 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay

		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
12/12/2025	HNB - ECHO HCCLAIMPMT 746003411 440000224052	-	294.98		294.98
12/11/2025	HNB - ECHO HCCLAIMPMT 746003411 440000274906	-	2,298.41		2,298.41
12/10/2025	HNB - ECHO HCCLAIMPMT 746003411 440000234914	-	235.10		235.10
12/10/2025	HNB - ECHO HCCLAIMPMT 746003411 440000234914	-	3,070.66		3,070.66
12/9/2025	HNB - ECHO HCCLAIMPMT 746003411 440000293048	-	10,804.54		10,804.54
12/9/2025	HNB - ECHO HCCLAIMPMT 746003411 440000292523	-	404.26		404.26
12/8/2025	HNB - ECHO HCCLAIMPMT 746003411 440000222770	-	433.14		433.14
12/8/2025	HNB - ECHO HCCLAIMPMT 746003411 440000222770	-	11,114.39		11,114.39
					-
					-
					-
					-
		-	28,655.48	-	28,655.48

Gulf Pointe Plaza-Medicare/Medicaid

		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
12/11/2025	WIRE OUT HMG Rockport SNF, LP - Commerical	5,486.51	-		-
		-	-		-
		5,486.51	-	-	-
		5,486.51	28,655.48	-	28,655.48

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,875,244.84	$1,807,057.55	$1,875,244.84	$1,925,329.81
*4381 MEMORIAL MEDICAL / NH ASHFORD	$265.54	$265.54	$265.54	$100.00
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$100.00	$100.00	$100.00	$100.00
*4411 MEMORIAL MEDICAL / NH CRESCENT	$100.00	$100.00	$100.00	$100.00
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$7,488.06	$7,488.06	$7,488.06	$7,488.06
*4446 MEMORIAL MEDICAL / NH FORT BEND	$2,438.78	$2,438.78	$2,438.78	$2,289.20
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$430,371.17	$437,608.29	$430,371.17	$341,071.06
*4551 CAL CO INDIGENT HEALTHCARE	$10,216.07	$10,216.07	$10,216.07	$16,487.08
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$282,702.34	$284,655.07	$282,702.34	$282,407.36
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.00	$100.00	$100.00	$100.00
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$268,951.59	$270,127.22	$268,951.59	$165,780.48
*3407 MMC -NH TUSCANY VILLAGE	$250,634.69	$250,634.69	$250,634.69	$234,839.14
*2998 MMC -MONEY MARKET FUND	$572,037.37	$572,037.37	$572,037.37	$572,037.37
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$13,499.32	$13,499.32	$13,499.32	$12,473.26
Total Balance	**$3,714,149.77**	**$3,656,327.96**	**$3,714,149.77**	**$3,560,602.82**

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
12/15/2025

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		248,384.28	246,747.06	248,997.47	-	-	-	250,634.69	248,997.47
							Bank Balance	250,634.69	
							Variance	-	
							Leave in Balance	100.00	
							Recoup Owed to MMC	1,537.22	
							Adjust Balance/Transfer Amt	248,997.47	

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

Approved: MSC
Michelle Cumberland, CFO 12/15/2025

APPROVED ON
DEC 15 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Tuscany Village		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
12/12/2025	Deposit	-	15,795.55		15,795.55
12/11/2025	WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	246,747.06	-		-
12/11/2025	Deposit	-	63,774.81		63,774.81
12/11/2025	Deposit	-	140,893.43		140,893.43
12/10/2025	NOVITAS SOLUTION HCCLAIMPMT 676201 420000134	-	25,860.92		25,860.92
12/9/2025	Merchant Capture Dep	-	2,672.76		2,672.76
					-
					-
					-
		246,747.06	**248,997.47**	**-**	**248,997.47**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,875,244.84	$1,807,057.55	$1,875,244.84	$1,925,329.81
*4381 MEMORIAL MEDICAL / NH ASHFORD	$265.54	$265.54	$265.54	$100.00
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$100.00	$100.00	$100.00	$100.00
*4411 MEMORIAL MEDICAL / NH CRESCENT	$100.00	$100.00	$100.00	$100.00
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$7,488.06	$7,488.06	$7,488.06	$7,488.06
*4446 MEMORIAL MEDICAL / NH FORT BEND	$2,438.78	$2,438.78	$2,438.78	$2,289.20
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$430,371.17	$437,608.29	$430,371.17	$341,071.06
*4551 CAL CO INDIGENT HEALTHCARE	$10,216.07	$10,216.07	$10,216.07	$16,487.08
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$282,702.34	$284,655.07	$282,702.34	$282,407.36
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.00	$100.00	$100.00	$100.00
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$268,951.59	$270,127.22	$268,951.59	$165,780.48
*3407 MMC -NH TUSCANY VILLAGE	$250,634.69	$250,634.69	$250,634.69	$234,839.14
*2998 MMC -MONEY MARKET FUND	$572,037.37	$572,037.37	$572,037.37	$572,037.37
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$13,499.32	$13,499.32	$13,499.32	$12,473.26
Total Balance	**$3,714,149.77**	**$3,656,327.96**	**$3,714,149.77**	**$3,560,602.82**

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
12/15/2025

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		75,013.06	73,375.84	267,314.37			-	268,951.59	234,871.28
							Bank Balance	268,951.59	
							Variance	-	
							Leave in Balance	100.00	
							ATLIS PAYMENT OWED TO MMC	31,808.53	
							Recoup Owed to MMC	1,537.22	
							Recoup Owed to MMC	634.56	
							Adjust Balance/Transfer Amt	234,871.28	

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

Approved:
Michelle Cumberland, CFO 12/15/2025

APPROVED ON
DEC 15 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Lavaca Bay Nursing and Rehab

		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
12/12/2025	NDC SWEEP FAC 02330 S6009680009821 SWEEP FR	-	1,769.00		1,769.00
12/12/2025	Deposit	-	15,150.19		15,150.19
12/12/2025	HOSPICE OF SOUTH Payments NF 113122650027209	-	2,589.57		2,589.57
12/12/2025	HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	14,195.29		14,195.29
12/12/2025	CENTENE CORP HCCLAIMPMT 53101127509898	-	69,467.06		69,467.06
12/11/2025	WIRE OUT REG Leased OpCo LLC	73,375.84	-		-
12/11/2025	Deposit	-	80,662.00		80,662.00
12/11/2025	Deposit	-	9,361.45		9,361.45
12/11/2025	Deposit	-	24,175.60		24,175.60
12/11/2025	HUMANA INS CO HCCLAIMPMT 90974821 8300005122	-	12,601.92		12,601.92
12/10/2025	BCBS ILLINOIS HCCLAIMPMT M25342E52187270 710	-	1,967.97		1,967.97
12/10/2025	CENTENE CORP HCCLAIMPMT 53101120594825	-	19,650.50		19,650.50
12/9/2025	NOVITAS SOLUTION HCCLAIMPMT 676481 420000193	-	479.28		479.28
12/9/2025	HUMANA INS CO HCCLAIMPMT 90708556 8300005200	-	1,436.51		1,436.51
12/9/2025	HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	13,808.03		13,808.03
					-
					-
		73,375.84	**267,314.37**	**-**	**267,314.37**

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,875,244.84	$1,807,057.55	$1,875,244.84	$1,925,329.81
*4381 MEMORIAL MEDICAL / NH ASHFORD	$265.54	$265.54	$265.54	$100.00
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$100.00	$100.00	$100.00	$100.00
*4411 MEMORIAL MEDICAL / NH CRESCENT	$100.00	$100.00	$100.00	$100.00
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$7,488.06	$7,488.06	$7,488.06	$7,488.06
*4446 MEMORIAL MEDICAL / NH FORT BEND	$2,438.78	$2,438.78	$2,438.78	$2,289.20
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$430,371.17	$437,608.29	$430,371.17	$341,071.06
*4551 CAL CO INDIGENT HEALTHCARE	$10,216.07	$10,216.07	$10,216.07	$16,487.08
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$282,702.34	$284,655.07	$282,702.34	$282,407.36
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$100.00	$100.00	$100.00	$100.00
*5506 MMC -NH LAVACA BAY NURSING & REHAB	$268,951.59	$270,127.22	$268,951.59	$165,780.48
*3407 MMC -NH TUSCANY VILLAGE	$250,634.69	$250,634.69	$250,634.69	$234,839.14
*2998 MMC -MONEY MARKET FUND	$572,037.37	$572,037.37	$572,037.37	$572,037.37
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	$13,499.32	$13,499.32	$13,499.32	$12,473.26
Total Balance	**$3,714,149.77**	**$3,656,327.96**	**$3,714,149.77**	**$3,560,602.82**

Lavaca Bay

MEMORIAL MEDICAL CENTER
CHECK REQUEST

Mmc

Date Requested: 12-8-25

PAYEE

APPROVED ON
DEC 15 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Voucher Check

Unit 00170

AMOUNT #634.86 ✓

G/L NUMBER: 20656000

EXPLANATION: Medicare recoup- Lavaca Bay 12-3-25
Remit # EFT7640156

REQUESTED BY: K. Pokluda

AUTHORIZED BY: ✓ CCS

CAT # 10303 / FM 1600

Fort Bend - withheld from Solera

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: mmc

Date Requested: 12-8-25

APPROVED ON
DEC 15 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Check 000280

FOR ACCT. USE ONLY
- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Voucher Check

AMOUNT $ 212.83 ✓

G/L NUMBER: 20652000

EXPLANATION: Wellcare recoup - Fort Bend 11-2725
Remit #0000321502

REQUESTED BY: K. Pokluda

AUTHORIZED BY: ✓

CAT # 10303 / FM 1600

Lavaca Bay

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: MMC OPERATING

Date Requested: 12/12/2025

APPROVED ON
DEC 15 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Check#001169

FOR ACCT USE ONLY
- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Mail Check to Vendor
- ☐ Return Check to Dept

AMOUNT: $ 31,808.53 ✓

G/L NUMBER:

EXPLANATION: ATLIS PAYMENT OWED TO MMC

REQUESTED BY: CAITLIN CLEVENGER

AUTHORIZED BY: MSL ✓

Gulf Point Check Requests

75,758.39
13,268.16
5,259.26
9,992.02
21,657.50
17,704.33
10,445.38
5,434.24
32,424.38
24,364.46
11,952.38
25,457.63
3,305.76
22,844.54
279,868.43

APPROVED ON

DEC 15 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Check#D011623

Gulf Pointe 11/17

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center

Date Requested: 11/19/2025

APPROVED ON DEC 15 2025 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

FOR ACCT USE ONLY

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

AMOUNT: $ 75,758.39

G/L NUMBER: 20654000

EXPLANATION: Claims Paid to Gulf Pointe Owed to MMC

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: CQ

Gulf Pointe

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center

Date Requested: 11/19/2025

APPROVED ON
DEC 15 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT USE ONLY

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

AMOUNT: $ 13,268.16

G/L NUMBER: 20654000

EXPLANATION: Claims Paid to Gulf Pointe Owed to MMC

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

Gulf Pointe

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 11/20/2025

APPROVED ON DEC 15 2025 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
- [ ] Mail Check to Vendor
- [ ] Return Check to Dept

AMOUNT: $5,259.26 ✓

G/L NUMBER: 20654000

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: ✓

Gulf Pointe

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 11/21/2025

APPROVED ON DEC 15 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
- [ ] Mail Check to Vendor
- [ ] Return Check to Dept

AMOUNT: $9,992.02

G/L NUMBER: 20654000

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

Gulf Pointe NOV

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: MMC OPERATING

Date Requested: 11/26/2025

APPROVED ON
DEC 15 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT USE ONLY

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

AMOUNT: $ 21,657.50

G/L NUMBER: 20654000

EXPLANATION:

REQUESTED BY: MELISSA DELGADO

AUTHORIZED BY:

Gulf Pointe - Nov.

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE

Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 11/25/2025

APPROVED ON DEC 15 2025 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Mail Check to Vendor
- ☐ Return Check to Dept

AMOUNT: $17,704.33 ✓

G/L NUMBER: 20654000

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: ✓

11/21e

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE

Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 11/26/2025

APPROVED ON
DEC 15 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
- [ ] Mail Check to Vendor
- [ ] Return Check to Dept

AMOUNT $10,445.38

G/L NUMBER: 20654000

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: MMC OPERATING

Date Requested: 11/28/2025

APPROVED ON
DEC 15 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT USE ONLY

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

AMOUNT: $ 5,434.24

G/L NUMBER: 20654000

EXPLANATION: MMC CLAIMS WERE DEPOSITED TO GULF POINTS ACCOUNT

REQUESTED BY: MELISSA DELGADO

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: MMC Operating

Date Requested: 12/3/2025

APPROVED ON DEC 15 2025 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

FOR ACCT USE ONLY

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

AMOUNT: $ 32,424.38

G/L NUMBER: 20654000

EXPLANATION: Claims owed to MMC deposited into Gulf Pointe account

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: MMC OPERATING

Date Requested: 12/4/2025

APPROVED ON
DEC 15 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT USE ONLY

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

AMOUNT: $ 24,364.46

G/L NUMBER: 20654000

EXPLANATION: MMC CLAIMS WERE DEPOSITED TO GULF POINTS ACCOUNT

REQUESTED BY: MELISSA DELGADO

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE

Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 11/13/2025

APPROVED ON DEC 15 2025 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
- [ ] Mail Check to Vendor
- [ ] Return Check to Dept

AMOUNT $11,952.38

G/L NUMBER: 20654000

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE

Memorial Medical Center

815 N. Virginia St.

Port Lavaca, TX 77979

Date Requested: 11/13/2025

APPROVED ON DEC 15 2025 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
- [ ] Mail Check to Vendor
- [ ] Return Check to Dept

AMOUNT: $25,457.63 ✓

G/L NUMBER: 20654000

EXPLANATION: Payment was addressed to Gulf Pointe

REQUESTED BY: Melissa Delgado

AUTHORIZED BY: ✓

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: MMC OPERATING

Date Requested: 12/11/2025

APPROVED ON DEC 15 2025 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

FOR ACCT USE ONLY

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

AMOUNT: $ 3,305.76

G/L NUMBER: 20654000

EXPLANATION: CLAIM PAYMENTS SENT TO GULF POINTE OWED TO MMC

REQUESTED BY: MELISSA DELGADO

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: MMC OPERATING

Date Requested: 12/11/2025

APPROVED ON DEC 15 2025 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

FOR ACCT USE ONLY

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

AMOUNT: $ 22,844.54

G/L NUMBER: 20654000

EXPLANATION: CLAIM PAYMENTS SENT TO GULF POINTE OWED TO MMC

REQUESTED BY: MELISSA DELGADO

AUTHORIZED BY:

WARNING Do not accept this document unless you can see a true watermark and visible fibers from both sides.

MEMORIAL MEDICAL CENTER
LAVACA BAY NURSING & REHAB
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001170

Date 12-17-25 88-2265/1131

PAY
TO THE ORDER OF MMC Operating $ 634.86/100

Six hundred thirty-four dollars and 86/100 DOLLARS

PROSPERITY BANK®

FOR recoup - medicare

Security features are included. Details on back.

WARNING Do not accept this document unless you can see a true watermark and visible fibers from both sides.

MEMORIAL MEDICAL CENTER
NH FORT BEND
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000280

Date 12-17-25 88-2265/1131

PAY
TO THE ORDER OF MMC Operative $ 2,126.83/100

Two thousand, one hundred twenty-six dollars and 83/100 DOLLARS

PROSPERITY BANK®

FOR Wellcare recoup

Security features are included. Details on back.

WARNING Do not accept this document unless you can see a true watermark and visible fibers from both sides.

MEMORIAL MEDICAL CENTER
LAVACA BAY NURSING & REHAB
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001169

Date 12-17-25 88-2265/1131

PAY
TO THE ORDER OF MMC Operative $ 31,808.53/100

Thirty-one thousand, eight hundred eight dollars and 53/100 DOLLARS

PROSPERITY BANK®

FOR ATLIS Payment

Security features are included. Details on back.

WARNING Do not accept this document unless you can see a true watermark and visible fibers from both sides.

MP

MEMORIAL MEDICAL CENTER
NH GULF POINTE - PRIVATE PAY
815 N. VIRGINIA ST.
PORT LAVACA, TX 77979

001162

Date 12-17-25 88-2265/1131

PAY
TO THE ORDER OF MMC Operating $ 279,868.43/100

Two hundred seventy-nine thousand, eight hundred sixty-eight dollars 43/100 DOLLARS

PROSPERITY BANK

MP

FOR Claims owed to MMC

Security features are included. Details on back.

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
NHF *	000280	12/17/25	2,126.83	MMC OPERATING
GPP *	001162	12/17/25	279,868.43	MMC OPERATING
BSL	001169	12/17/25	31,808.53	MMC OPERATING
BSL *	001170	12/17/25	634.86	MMC OPERATING