

800 000001/11/2023 01 CALHOUN COUNTY, TEXAS

DATE: 1/11/2023
 CC Indigent Health Care

VENDOR # 852

ACCOUNT NUMBER	DESCRIPTION OF GOODS OR SERVICES	QUANTITY	UNIT PRICE	TOTAL PRICE
1000-800-98722-999	Transfer to pay bills for Indigent Health Care approved by Commissioners Court on 01/11/2023			\$4,166.67
1000-001-46010	December 31, 2022 Interest			(\$1.95)
				\$4,164.72

COUNTY AUDITOR
 APPROVAL ONLY
APPROVED ON
JAN - 6 2023
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

THE ITEMS OR SERVICES SHOWN ABOVE ARE NEEDED IN THE DISCHARGE OF MY OFFICIAL DUTIES AND I CERTIFY THAT FUNDS ARE AVAILABLE TO PAY THIS OBLIGATION.
 I CERTIFY THAT THE ABOVE ITEMS OR SERVICES WERE RECEIVED BY ME IN GOOD CONDITION AND REQUEST THE COUNTY TREASURER TO PAY THE ABOVE OBLIGATION.
 BY: *[Signature]* 1/11/2023
 DEPARTMENT HEAD DATE

MEMORIAL MEDICAL CENTER

So Much... So Close!

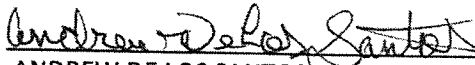
815 N. Virginia St. Port Lavaca, Texas 77979 (361) 552-6713

Date: 1/6/2022
Invoice # 377
For: Dec-22

Bill To:
Calhoun County

DESCRIPTION	AMOUNT
Funds to cover Indigent program operating expenses.	\$ 4,166.67

Total \$ 4,166.67

 1/6/23
ANDREW DE LOS SANTOS
CONTROLLER

APPROVED ON
JAN - 6 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS



PROSPERITY BANK®

Statement Date 12/31/2022

Account No ****4551

Page 1 of 2

THE COUNTY OF CALHOUN TEXAS
CAL CO INDIGENT HEALTHCARE
202 S ANN ST STE A
PORT LAVACA TX 77979

13296

STATEMENT SUMMARY

Public Fund Contractual Ckg w Int Account No ****4551

12/01/2022	Beginning Balance		\$5,573.30
	2 Deposits/Other Credits	+	\$4,386.60
	1 Checks/Other Debits	-	\$73.40
12/31/2022	Ending Balance	31 Days in Statement Period	\$9,886.50
	Total Enclosures		2

DEPOSITS/OTHER CREDITS

Date	Description	Amount
12/06/2022	Deposit	\$4,384.65
12/31/2022	Accr Earning Pymt Added to Account	\$1.95

Oct 2022 exp Ck

CHECKS

Check Number	Date	Amount
12574	12-02	\$73.40

DAILY ENDING BALANCE

Date	Balance	Date	Balance
12-01	\$5,573.30	12-06	\$9,884.55
12-02	\$5,499.90	12-31	\$9,886.50

EARNINGS SUMMARY

** Below is an itemization of the Earnings paid this period. **

Interest Paid This Period	\$1.95	Annual Percentage Yield Earned	0.25 %
Interest Paid YTD	\$26.92	Days in Earnings Period	31
		Earnings Balance	\$9,179.72

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101391 : 01329601



Cristina Tuazon

From: mescalante@mmcportlavaca.com (Monica Escalante) <mescalante@mmcportlavaca.com>
Sent: Friday, January 6, 2023 2:41 PM
To: Cristina Tuazon
Subject: FW: Monthly Indigent

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

From: Diana Saucedo
Sent: Friday, January 06, 2023 2:10 PM
To: Monica Escalante <mescalante@mmcportlavaca.com>
Subject: FW: Monthly Indigent

I guess it slipped her mind that you are now in that position 😊

Diana Saucedo

Plant Operations Assistant
815 N Virginia St.
Port Lavaca, TX 77979
361-552-0392
dsauceda@mmcportlavaca.com

From: Mayra Martinez <mmartinez@mmcportlavaca.com>
Sent: Friday, January 6, 2023 1:40 PM
To: Diana Saucedo <dsauceda@mmcportlavaca.com>; Jamie J. Grasse <jgrasse@mmcportlavaca.com>
Subject: Monthly Indigent

Good afternoon,

Just wanted to let you know that there was **no copays** for the month of December.
If this does not sound correct or if you have any questions, please let me know.

Thank you,

Mayra Martinez

Memorial Medical Center
Accountant
815 N Virginia. St
Port Lavaca, TX 77979
Phone: 361.552.0450
Fax: 361.551.4504