

**MEMORIAL MEDICAL CENTER**

**COMMISSIONERS COURT APPROVAL LIST FOR ---- JANUARY 19, 2022**

by: CT

**INDIGENT HEALTHCARE FUND:**

**INDIGENT EXPENSES**

|  |                    |
|--|--------------------|
| HEB Pharmacy (Medimpact) Pharmacy Reimbursement                    | 47.97              |
| MMCcenter (In-patient \$29,163.98/ Out-patient \$170.18 / ER \$0)  | 31,334.16          |
| Memorial Medical Clinic  | 375.81             |
| Singleton Associates, PA   | 77.52              |
| Victoria Anesthesiology Assoc                                      | 152.54             |
| <b>SUBTOTAL</b>  | <b>31,988.00</b>   |
| Memorial Medical Center (Indigent Healthcare Payroll and Expenses) | <b>4,166.67</b>    |
|  | Subtotal 36,154.67 |
| Co-pays adjustments for December 2021                              | (50.00)            |
| Reimbursement from Medicaid  | 0.00               |
| <b>TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES</b>            | <b>36,104.67</b>   |

**APPROVED**

JAN 19 2022

**CALHOUN COUNTY  
COMMISSIONERS COURT**

000001/19/2022 CALHOUN COUNTY, TEXAS

DATE: 1/19/2022  
 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 01/19/2022 |          |            | \$36,104.67 |
|                    |  |          |            |             |
|                    |  |          |            |             |
|                    |  |          |            |             |
| 1000-001-46010     | December 31, 2021 Interest   |          |            | (\$0.72)    |
|                    |  |          |            |             |
|                    |  |          |            |             |
|                    |  |          |            | \$36,103.95 |

COUNTY AUDITOR APPROVAL ONLY

APPROVED ON JAN 13 2022 BY CALHOUN COUNTY AUDITOR

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]* 1/19/2022  
 DEPARTMENT HEAD DATE

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Issued 01/04/22

**Source Totals Report**  
Calhoun Indigent Health Care  
Batch Dates 12/31/2021 through 12/31/2021  
For Source Group Indigent Health Care  
For Vendor: All Vendors


| Source | Description                    | Amount Billed    | Amount Paid      |
|--------|--------------------------------|------------------|------------------|
| 01     | Physician Services             | 1,294.00         | 77.52 ✓          |
| 01-2   | Physician Services- Anesthesia | 546.00           | 152.54 ✓         |
| 02     | Prescription Drugs             | 47.97            | 47.97 ✓          |
| 08     | Rural Health Clinics           | 605.00           | 375.81 ✓         |
| 13     | Mmc - Inpatient Hospital       | 33,896.83        | 29,163.98 ✓      |
| 14     | Mmc - Hospital Outpatient      | 5,711.01         | 2,170.18 ✓       |
|        | <b>Expenditures</b>            | <b>42,116.24</b> | <b>32,003.43</b> |
|        | <b>Reimb/Adjustments</b>       | <b>-15.43</b>    | <b>-15.43</b>    |
|        | <b>Grand Total</b>             | <b>42,100.81</b> | <b>31,988.00</b> |
|        |                                | EXPENSES         | 4,166.67 ✓       |
|        |                                |                  | 36,154.67        |
|        |                                | COPAYS           | <50.00> ✓        |
|        |                                | TOTAL            | 36,104.67        |

APPROVED  
ON

JAN 13 2022

BY

CALHOUN COUNTY AUDITOR

  
1/7/2022

RUN DATE: 01/04/22  
TIME: 15:35

MEMORIAL MEDICAL CENTER  
RECEIPTS FROM 12/01/21 TO 12/31/21

PAGE 129  
RCMREP

| G/L    | RECEIPT PAY |        |      |       | CASH   | RECEIPT |        |      | DISC | COLL GL CASH |      |         |
|--------|-------------|--------|------|-------|--------|---------|--------|------|------|--------------|------|---------|
| NUMBER | DATE        | NUMBER | TYPE | PAYER | AMOUNT | AMOUNT  | NUMBER | NAME | DATE | INIT         | CODE | ACCOUNT |

---

|           |          |        |  |  |       |       |  |  |          |     |  |   |
|-----------|----------|--------|--|--|-------|-------|--|--|----------|-----|--|---|
| 50240.000 | 12/17/21 | 611499 |  |  | 10.00 | 10.00 |  |  | 00/00/00 | CAS |  | 2 |
| 50240.000 | 12/15/21 | 611243 |  |  | 10.00 | 10.00 |  |  | 00/00/00 | FAG |  | 2 |
| 50240.000 | 12/08/21 | 610469 |  |  | 10.00 | 10.00 |  |  | 00/00/00 | PLB |  | 2 |
| 50240.000 | 12/09/21 | 610670 |  |  | 10.00 | 10.00 |  |  | 00/00/00 | PLB |  | 2 |
| 50240.000 | 12/30/21 | 612556 |  |  | 10.00 | 10.00 |  |  | 00/00/00 | PLB |  | 2 |

\*\*TOTAL\*\* 50240.000 COUNTY INDIGENT COPAYS 50.00

# MEMORIAL MEDICAL CENTER

*So Much... So Close!*

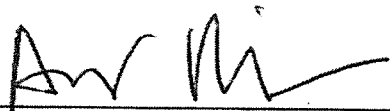
815 N. Virginia St. Port Lavaca, Texas 77979 (361) 552-6713

Date: 1/10/2022  
Invoice # 365  
For: Dec-21

Bill To:  
Calhoun County

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

Total \$ 4,166.67

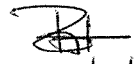


Anthony Richardson  
Interim CFO

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Issued 01/04/22

**Source Totals Report**  
Calhoun Indigent Health Care  
Batch Dates 02/01/2021 through 12/31/2021  
For Source Group Indigent Health Care  
For Vendor: All Vendors

| Source | Description                    | Amount Billed     | Amount Paid       |
|--------|--------------------------------|-------------------|-------------------|
| 01     | Physician Services             | 24,893.00         | 2,387.43          |
| 01-2   | Physician Services- Anesthesia | 5,304.00          | 1,368.06          |
| 02     | Prescription Drugs             | 1,032.78          | 1,032.78          |
| 05     | Lab/X-Ray                      | 11,719.15         | 135.25            |
| 08     | Rural Health Clinics           | 6,804.00          | 6,298.46          |
| 13     | Mmc - Inpatient Hospital       | 105,508.02        | 54,817.48         |
| 14     | Mmc - Hospital Outpatient      | 123,972.12        | 40,264.24         |
| 15     | Mmc - Er Bills                 | 28,239.00         | 9,036.48          |
|        | <b>Expenditures</b>            | <b>307,867.40</b> | <b>115,735.51</b> |
|        | <b>Reimb/Adjustments</b>       | <b>-395.33</b>    | <b>-395.33</b>    |
|        | <b>Grand Total</b>             | <b>307,472.07</b> | <b>115,340.18</b> |
|        |                                | EXPENSES          | 50,000.04         |
|        |                                |                   | 165,340.22        |
|        |                                | COPAYS            | <810.00>          |
|        |                                | TOTAL             | 164,530.22        |

  
1/7/2022

**Calhoun County Indigent Care Patient Caseload 2021**

|           | Approved | Denied | Removed | Active | Pending |
|-----------|----------|--------|---------|--------|---------|
| January   | 2        | 0      | 0       | 11     | 5       |
| February  | 0        | 0      | 0       | 11     | 7       |
| March     | 1        | 1      | 2       | 10     | 5       |
| April     | 2        | 0      | 0       | 12     | 6       |
| May       | 0        | 0      | 1       | 11     | 9       |
| June      | 0        | 0      | 1       | 11     | 9       |
| July      | 0        | 0      | 1       | 10     | 4       |
| August    | 0        | 0      | 2       | 8      | 5       |
| September | 0        | 0      | 0       | 6      | 6       |
| October   | 0        | 0      | 0       | 6      | 9       |
| November  | 1        | 1      | 1       | 6      | 5       |
| December  | 0        | 0      | 0       | 6      | 5       |

YTD

|             |   |   |   |   |   |
|-------------|---|---|---|---|---|
| Monthly Avg | 1 | 0 | 1 | 9 | 6 |
|-------------|---|---|---|---|---|

|                      |   |
|----------------------|---|
| December 2020 Active | 9 |
|----------------------|---|

|                            |     |
|----------------------------|-----|
| Number of Charity patients | 200 |
|----------------------------|-----|

|   |    |
|---|----|
| Number of Charity patients below <u>50% FPL</u> | 88 |
|---|----|

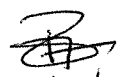
**Calhoun County Pharmacy Assistance Patient Caseload 2021**

|           | Approved | Refills | Removed | Active | Value       |
|-----------|----------|---------|---------|--------|-------------|
| January   | 7        | 0       | 0       | 7      | \$8,589.00  |
| February  | 4        | 0       | 0       | 11     | \$10,869.00 |
| March     | 2        | 6       | 1       | 12     | \$14,515.00 |
| April     | 2        | 2       | 0       | 14     | \$14,719.00 |
| May       | 1        | 3       | 0       | 15     | \$14,765.00 |
| June      | 3        | 5       | 0       | 18     | \$22,563.00 |
| July      | 2        | 4       | 0       | 17     | \$22,897.00 |
| August    | 1        | 2       | 0       | 18     | \$22,546.00 |
| September | 0        | 4       | 0       | 18     | \$24,250.00 |
| October   | 2        | 6       | 0       | 20     | \$29,204.00 |
| November  | 3        | 5       | 0       | 23     | \$28,636.00 |
| December  | 3        | 4       | 0       | 26     | \$26,778.00 |

|                     |  |  |  |  |              |
|---------------------|--|--|--|--|--------------|
| YTD PATIENT SAVINGS |  |  |  |  | \$240,331.00 |
|---------------------|--|--|--|--|--------------|

|             |   |   |   |    |             |
|-------------|---|---|---|----|-------------|
| Monthly Avg | 3 | 3 | 0 | 17 | \$20,027.58 |
|-------------|---|---|---|----|-------------|

|                      |    |
|----------------------|----|
| December 2020 Active | 87 |
|----------------------|----|

  
 1/7/2022