



MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- February 16, 2022

by:DC

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

HEB Pharmacy (Medimpact) Pharmacy Reimbursement	90.98
MMCenter (In-patient \$0/ Out-patient \$3,292.70 / ER \$1,771.94)	5,064.64
Memorial Medical Clinic	515.27
Port Lavaca Clinic Associates	109.33
Singleton Associates, PA	61.75
Victoria Anesthesiology Assoc	155.71

SUBTOTAL		5,997.68
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		4,166.67
	Subtotal	10,164.35
Co-pays adjustments for January 2022		(90.00)
Reimbursement from Medicaid		0.00

TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	10,074.35
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APPROVED

FEB 15 2022

**CALHOUN COUNTY
COMMISSIONERS COURT**

000002/16/2022 CALHOUN COUNTY, TEXAS

DATE: 2/16/2022

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 02/16/2022			\$10,074.35
1000-001-46010	January 31, 2022 Interest			(\$0.66)
				\$10,073.69

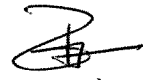
COUNTY AUDITOR APPROVAL ONLY
 APPROVED ON FEB 09 2022
 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

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: *Keith H...* 2/9/2022
 DEPARTMENT HEAD DATE

Source Totals Report
 Calhoun Indigent Health Care
 Batch Dates 01/31/2022 through 02/01/2022
 For Source Group Indigent Health Care
 For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	986.00	61.75
01-2	Physician Services- Anesthesia	624.00	155.71
02	Prescription Drugs	90.98	90.98
08	Rural Health Clinics	1,082.00	624.60
14	Mmc - Hospital Outpatient	8,665.00	3,292.70
15	Mmc - Er Bills	4,663.00	1,771.94
Expenditures		16,195.42	6,082.12
Reimb/Adjustments		-84.44	-84.44
Grand Total		16,110.98	5,997.68

EXPENSES 4,166.67
 10,164.35
 COPAYS <90.00>
 10,074.35


 2/1/2022

APPROVED
 ON
 FEB 09 2022
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

50240.000	01/21/22	614856	10.00	10.00	00/00/00	CAS	2
50240.000	01/18/22	614539	10.00	10.00	00/00/00	GEM	2
50240.000	01/05/22	613618	20.00	20.00	00/00/00	KAH	2
50240.000	01/05/22	613275	10.00	10.00	00/00/00	PLB	2
50240.000	01/07/22	613707	10.00	10.00	00/00/00	PLB	2
50240.000	01/07/22	613726	10.00	10.00	00/00/00	PLB	2
50240.000	01/20/22	614970	10.00	10.00	00/00/00	PLB	2
50240.000	01/26/22	615399	10.00	10.00	00/00/00	PLB	2

****TOTAL**** 50240.000 COUNTY INDIGENT COPAYS 90.00

**MEMORIAL
MEDICAL CENTER**



So Much... So Close!

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

Date: 2/4/2022


Invoice # 366

For: Jan-22

Bill To:
Calhoun County

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

Total \$ 4,166.67



Anthony Richardson
Interim CFO

APPROVED
ON
FEB 09 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Calhoun County Indigent Care Patient Caseload 2022

	Approved	Denied	Removed	Active	Pending
January	1	0	0	7	5
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					

YTD

Monthly Avg	1	-	-	7	5
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December 2020 Active	6
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Number of Charity patients	207
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Number of Charity patients below <u>50% FPL</u>	82
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Calhoun County Pharmacy Assistance Patient Caseload 2022

	Approved	Refills	Removed	Active	Value
January	2	6	0	28	\$16,676.00
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					

YTD PATIENT SAVINGS					\$16,676.00
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Monthly Avg	2	6	-	28	\$16,676.00
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December 2021 Active		26			0
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PROSPERITY BANK®

Statement Date 1/31/2022
Account No ****4551

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

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STATEMENT SUMMARY

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

01/01/2022	Beginning Balance		\$5,421.53
	3 Deposits/Other Credits	+	\$5,522.04
	4 Checks/Other Debits	-	\$5,522.19
01/31/2022	Ending Balance	31 Days in Statement Period	\$5,421.38
	Total Enclosures		6

DEPOSITS/OTHER CREDITS

Date	Description	Amount
01/07/2022	Deposit	\$5,471.38
01/19/2022	Deposit	\$50.00
01/31/2022	Accr Earning Pymt Added to Account	\$0.66

*W/1 Dec
W/1 Dec
Copays*

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount
12507	01-05	\$353.78	12509	01-10	\$921.08
12508	01-05	\$80.66	12510	01-05	\$4,166.67

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
01-01	\$5,421.53	01-07	\$6,291.80	01-19	\$5,420.72
01-05	\$820.42	01-10	\$5,370.72	01-31	\$5,421.38

EARNINGS SUMMARY

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

Interest Paid This Period	\$0.66	Annual Percentage Yield Earned	0.15 %
Interest Paid YTD	\$0.66	Days in Earnings Period	31
		Earnings Balance	\$5,193.81

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