MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- March 1, 2023

by:CT

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

HEB Pharmacy (Medimpact) Pharmacy Reimbursement MMCenter (In-patient \$0/ Out-patient \$4209.75 / ER \$0) Memorial Medical Clinic	3.99 4,209.75 120.00
Singleton Associates, PA	8.29
SUBTOTAL	4,342.03
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)	4,166.67
Subtotal	8,508.70
Co-pays adjustments for January 2023	0.00
Reimbursement from Medicaid	0.00
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	8,508,70



MAR 0 1 2023

CALHOUR COUNTY COMMISSIONERS COURT

800 0000003/01/2023	01 CALHOUN COUNTY, TEXAS			
DATE:	3/1/2023			
CC Indigent Health Ca	ire	VENDOR # 8	352	
ACCOUNT NUMBER	DESCRIPTION OF GOODS OR SERVICES	QUANTITY	UNIT PRICE	TOTAL PRICE
1000-800-98722-999	Transfer to pay bills for Indig approved by Commissioners Court	gent Health Care	PRICE	\$8,508.70
1000-001-46010	January 31, 2023 Interest			(10, 10)
1000 001 40010	oanuary 31, 2023 interest			(\$2.43)
COUNTY AUDITOR				\$8,506.27
FEB 1 4 2023 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS	THE ITEMS OR SERVICES SHOWN ABOVE ARE OF MY OFFICIAL DUTIES AND I CERTIFY THE THIS OBLIGATION. I CERTIFY THAT THE ABOVE ITEMS OR SERVIN GOOD CONDITION AND REQUEST THE COUNTHE ABOVE OBLIGATION. BY:	HAT FUNDS ARE AVAILABLE TO PAY VICES WERE RECEIVED BY ME	t.	

DATE

DEPARTMENT HEAD



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

Date: 2/7/2023 Invoice # 378

For: Jan-23

Bill To:

Calhoun County

IPTION		AMOUNT

Funds to cover Indigent program operating expenses.

\$ 4,166.67

Total \$ 4,166.67

Indrant Dolo Santos 217/23 ANDREW DE LOS SANTOS

CONTROLLER

APPROVED ON

FEB 1 4 2023

CALHOUN COUNTY TEXAS

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 02/01/2023 through 02/01/2023
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	162.00	8.29
02	Prescription Drugs	3.99	3.99 🗸
08	Rural Health Clinics	120.00	120.00
14	Mmc - Hospital Outpatient	9,355.01	4,209.75
	Expenditures Reimb/Adjustments	9,641.00	4,342.03
	Grand Total	9,641.00	4,342.03
		Expenses	4,166.67
			8,508.70
		Co-Pays	<0.00>
		Total	8,508.70

APPROVED ON

FEB 1 4 2023

	Approved	Denied	Removed	Active	Pending
January	0	0	0	1	
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
YTD	0	0	0	1	
Monthly Avg	-	-	-	1	7
December 2022	Active	1			
	ty patients belov				88
Number of Chari	ty patients who	meet State I	ndigent Guidel	lines	77
Number of Chari Calh					77
	oun County Pha	rmacy Assist	ance Patient C	aseload 2023	
Calh	Approved	rmacy Assist Refills	ance Patient C Removed	aseload 2023 Active	Value
Calh lanuary	oun County Pha	rmacy Assist	ance Patient C	aseload 2023	Value
Calh January February	Approved	rmacy Assist Refills	ance Patient C Removed	aseload 2023 Active	Value
Calh January February March	Approved	rmacy Assist Refills	ance Patient C Removed	aseload 2023 Active	Value
Calh January February March April	Approved	rmacy Assist Refills	ance Patient C Removed	aseload 2023 Active	Value
Calh January February March April May	Approved	rmacy Assist Refills	ance Patient C Removed	aseload 2023 Active	Value
Calh January February March April May June	Approved	rmacy Assist Refills	ance Patient C Removed	aseload 2023 Active	Value
Calh January February March April May June July	Approved	rmacy Assist Refills	ance Patient C Removed	aseload 2023 Active	Value
Calh January February March April May June July August	Approved	rmacy Assist Refills	ance Patient C Removed	aseload 2023 Active	Value
Calh January February March April May June July August September	Approved	rmacy Assist Refills	ance Patient C Removed	aseload 2023 Active	Value
Calh January February March April May June July August September October	Approved	rmacy Assist Refills	ance Patient C Removed	aseload 2023 Active	Value
Calh January February March April May June July August Geptember October	Approved	rmacy Assist Refills	ance Patient C Removed	aseload 2023 Active	Value
Calh January February March April May June July August Geptember October	Approved	rmacy Assist Refills	ance Patient C Removed	aseload 2023 Active	Value
Calh January February March April May June July August September October November December	Approved 0	rmacy Assist Refills	ance Patient C Removed	aseload 2023 Active	
	Approved 0	rmacy Assist Refills	ance Patient C Removed	aseload 2023 Active	Value \$1,667.46



Statement Date

Account No

1/31/2023

****4551 Page 1 of 2

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

13257

STATEMENT SUMMARY

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

\$9,886.50

01/01/2023 Beginning Balance

 2 Deposits/Other Credits
 +
 \$6,362.32

 4 Checks/Other Debits
 \$4,386.60

 Ending Balance
 31 Days in Statement Period
 \$11,862.22

Total Enclosures 5

DEPOSITS/OTHER CREDITS

 Date
 Description
 Amount

 01/05/2023
 Deposit
 \$6,359.89

01/31/2023 Accr Earning Pymt Added to Account \$2.43

CHECKS

01/31/2023

Check Number	Date	Amount	Check Number	Date	Amount
12576	01-04	\$4,166.67	12578	01-04	\$85.60
12577	01-04	\$14.33	12579	01-05	\$120.00

DAILY ENDING BALANCE

Date	Balance	Date	Balance
01-01	\$9,886.50	01-05	\$11,859.79
01-04	\$5,619.90	01-31	\$11,862.22

EARNINGS SUMMARY

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

Interest Paid This Period \$2.43 Annual Percentage Yield Earned 0.25 %
Interest Paid YTD \$2.43 Days in Earnings Period 31
Earnings Balance \$11,467.54





