

**MEMORIAL MEDICAL CENTER**

**COMMISSIONERS COURT APPROVAL LIST FOR ---- March 15, 2023**

by:CT

**INDIGENT HEALTHCARE FUND:**

**INDIGENT EXPENSES**

MMCenter (In-patient \$0/ Out-patient \$60.50 / ER \$0)	60.50
<b>SUBTOTAL</b>	<b>60.50</b>
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)	<b>4,166.67</b>
Subtotal	4,227.17
Co-pays adjustments for February 2023	0.00
Reimbursement from Medicaid	0.00
<b>TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES</b>	<b>4,227.17</b>

**APPROVED**

MAR 15 2023

**CALHOUN COUNTY  
COMMISSIONERS COURT**

800 000003/15/2023 01 CALHOUN COUNTY, TEXAS

DATE: 3/15/2023  
 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 03/15/2023			\$4,227.17
1000-001-46010	February 28, 2023 Interest			(\$1.82)
				\$4,225.35

COUNTY AUDITOR APPROVAL ONLY

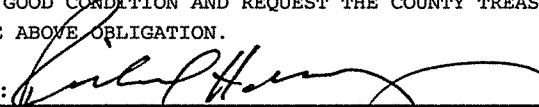
**APPROVED ON**

**MAR 14 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:  3/15/2023  
 DEPARTMENT HEAD DATE

**MEMORIAL  
MEDICAL CENTER**



*So Much... So Close!*

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

Date: 3/7/2023

Invoice # 379

For: Feb-23

Bill To:  
Calhoun County

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

Total \$ 4,166.67

ANDREW DE LOS SANTOS  
CONTROLLER

©IHS  
Issued 03/08/23

**Source Totals Report**  
Calhoun Indigent Health Care  
Batch Dates 03/01/2023 through 03/01/2023  
For Source Group Indigent Health Care  
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
14	Mmc - Hospital Outpatient	195.00	60.50
	<b>Expenditures</b>	195.00	60.50
	<b>Reimb/Adjustments</b>		
	<b>Grand Total</b>	<b>195.00</b>	<b>60.50</b>
		Expenses	4,166.67
			4,227.17
		Co-Pays <	0.00 >
		<b>Total</b>	<b>\$4,227.17</b>




3/20/23

APPROVED ON  
MAR 14 2023  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

©IHS  
Issued 03/08/23

**Source Totals Report**  
Calhoun Indigent Health Care  
Batch Dates 02/01/2023 through 03/01/2023  
For Source Group Indigent Health Care  
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	9,550.01	4,270.25
	<b>Expenditures</b>	<b>9,847.66</b>	<b>4,414.19</b>
	<b>Reimb/Adjustments</b>	<b>-11.66</b>	<b>-11.66</b>
	<b>Grand Total</b>	<b>9,836.00</b>	<b>4,402.53</b>
		Expenses	8,334.34
		Co - Pays	< 0.00 >
		<b>Total</b>	<b>12,735.87</b>

  
3/10/23

### Calhoun County Indigent Care Patient Caseload 2023

	Approved	Denied	Removed	Active	Pending
January	0	0	0	1	7
February	2	0	1	2	6
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
YTD	2	0	1	3	13
Monthly Avg	2	-	1	2	7
December 2022 Active		1			
Number of Charity patients					199
Number of Charity patients below <u>50% FPL</u>					91
Number of Charity patients who meet State Indigent Guidelines					82

### Calhoun County Pharmacy Assistance Patient Caseload 2023

	Approved	Refills	Removed	Active	Value
January	0	2	0	5	\$1,667.46
February	0	21	0	14	\$14,786.76
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
YTD PATIENT SAVINGS					\$16,454.22
Monthly Avg	-	12	-	10	\$8,227.11
December 2022 Active		55			



# PROSPERITY BANK®

Statement Date 2/28/2023

Account No \*\*\*\*4551

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

13156

### STATEMENT SUMMARY

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

02/01/2023	Beginning Balance		\$11,862.22
	3 Deposits/Other Credits	+	\$4,176.54
	6 Checks/Other Debits	-	\$10,539.22
02/28/2023	Ending Balance	28 Days in Statement Period	\$5,499.54
	Total Enclosures		8

### DEPOSITS/OTHER CREDITS

Date	Description	Amount
02/02/2023	Deposit	\$4,164.72
02/16/2023	Deposit	\$10.00
02/28/2023	Accr Earning Pymt Added to Account	\$1.82

Dec Check  
Nov Copay

### CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12580	02-06	\$4,166.67	12582	02-07	\$27.00	12584	02-06	\$15.22
12581	02-06	\$2,097.90	12583	02-09	\$65.76	12585	02-21	\$4,166.67

### DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
02-01	\$11,862.22	02-07	\$9,720.15	02-21	\$5,497.72
02-02	\$16,026.94	02-09	\$9,654.39	02-28	\$5,499.54
02-06	\$9,747.15	02-16	\$9,664.39		

### EARNINGS SUMMARY

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

Interest Paid This Period	\$1.82	Annual Percentage Yield Earned	0.25 %
Interest Paid YTD	\$4.25	Days in Earnings Period	28
		Earnings Balance	\$9,465.78

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101401 : 01315601

