

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- April 20, 2022

by:DC

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

HEB Pharmacy (Medimpact) Pharmacy Reimbursement	76.99
MMCenter (In-patient \$0/ Out-patient \$2,744.99 / ER \$0)	2,774.99
Singleton Associates, PA	153.17

SUBTOTAL	3,005.15
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)	4,166.67
	<hr/>
Subtotal	7,171.82
Co-pays adjustments for March 2022	(80.00)
Reimbursement from Medicaid	0.00

TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	7,091.82
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APPROVED

APR 20 2022

**CALHOUN COUNTY
COMMISSIONERS COURT**

000004/20/2022 CALHOUN COUNTY, TEXAS

DATE: 4/20/2022
 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 04/20/2022			\$7,091.82
1000-001-46010	March 31, 2022 Interest			(\$1.45)
				\$7,090.37

COUNTY AUDITOR APPROVAL ONLY

APPROVED ON APR 19 2022

BY 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.

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: *Caral Hew* 4/19/2022
 DEPARTMENT HEAD DATE



PROSPERITY BANK®

Statement Date 3/31/2022
 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

13350

STATEMENT SUMMARY

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

03/01/2022	Beginning Balance			\$5,461.47
	3 Deposits/Other Credits	+		\$10,095.14
	6 Checks/Other Debits	-		\$10,102.60
03/31/2022	Ending Balance	31	Days in Statement Period	\$5,454.01
	Total Enclosures			8

DEPOSITS/OTHER CREDITS

Date	Description	Amount
03/04/2022	Deposit	\$10,073.69
03/24/2022	Deposit	\$20.00
03/31/2022	Accr Earning Pymt Added to Account	\$1.45

*End Jan/feb.
Copy*

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12517	03-22	\$4,166.67	12519	03-23	\$90.98	12521	03-31	\$109.33
12518	03-22	\$5,064.64	12520	03-23	\$515.27	12523*	03-28	\$155.71

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
03-01	\$5,461.47	03-23	\$5,697.60	03-31	\$5,454.01
03-04	\$15,535.16	03-24	\$5,717.60		
03-22	\$6,303.85	03-28	\$5,561.89		

EARNINGS SUMMARY

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

Interest Paid This Period	\$1.45	Annual Percentage Yield Earned	0.15 %
Interest Paid YTD	\$2.92	Days in Earnings Period	31
		Earnings Balance	\$11,387.98

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101481 : 01335001



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Issued 04/18/22

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 04/01/2022 through 04/01/2022
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	2,549.00	153.17
02	Prescription Drugs	76.99	76.99
14	Mmc - Hospital Outpatient	7,263.00	2,774.99
	Expenditures	<u>9,888.99</u>	<u>3,005.15</u>
	Reimb/Adjustments		
	Grand Total	<u>9,888.99</u>	<u>3,005.15</u>
		Expenses	<u>4,166.67</u>
			7,171.82
		Co pays	<u><80.00></u>
			7,091.82
		Medicaid Reimbursements	<u><0.00></u>
			<u>7,091.82</u>
		TOTAL	7,091.82


4/19/2022

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 Issued 04/18/22

Source Totals Report
 Calhoun Indigent Health Care
 Batch Dates 02/01/2022 through 04/01/2022
 For Source Group Indigent Health Care
 For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	5,043.00	297.52
01-2	Physician Services- Anesthesia	624.00	155.71
02	Prescription Drugs	196.94	196.94
08	Rural Health Clinics	1,201.00	733.93
13	Mmc - Inpatient Hospital	57,628.82	29,523.07
14	Mmc - Hospital Outpatient	26,939.00	10,213.57
15	Mmc - Er Bills	28,833.00	10,956.54
	Expenditures	120,558.82	52,170.34
	Reimb/Adjustments	-93.06	-93.06
	Grand Total	120,465.76	52,077.28
		EXPENSES	12,500.01
			64,577.29
		COPAYS	<190.00>
			64,387.29
		MEDICAID REIMBURSEMENTS	<0.00>
			64,387.29
		TOTAL	64,387.29

[Signature]
 4/19/2022

**MEMORIAL
MEDICAL CENTER**



So Much... So Close!

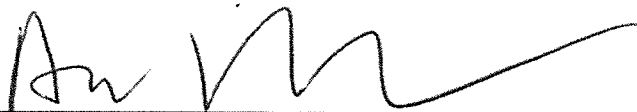
815 N. Virginia St. Port Lavaca, Texas 77979 (361) 552-6713

Date: 4/6/2022
Invoice # 368
For: Mar-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
APR 19 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

CC COPY

P CALHOUN COUNTY INDIGENT ACCOUNT

Date Requested: 4/6/22

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APPROVED ON

APR 18 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

- Imprest Cash
- A/P Check
- Mail Check to Vendor
- Return Check to Dept

AMOUNT \$80.00

G/L NUMBER: 50240000

EXPLANATION: TO TRANSFER INDIGENT CO-PAYS FROM OPERATING ACCOUNT TO THE INDIGENT

REQUESTED BY: MAYRA MARTINEZ

AUTHORIZED BY: 

RUN DATE: 04/05/22
 TIME: 15:08

MEMORIAL MEDICAL CENTER
 RECEIPTS FROM 03/01/22 TO 03/31/22

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 RCMREP

G/L NUMBER	RECEIPT PAY DATE	NUMBER	TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	COLL INIT	GL CODE	CASH ACCOUNT
50200.000	03/09/22	620428	IN	CIGNA HEALTHCARE	62.70-	62.70-			00/00/00	RC		2
50200.000	03/09/22	620450	IN	AETNA U S HEALTHCAR	134.96-	134.96-			00/00/00	RC		2
50200.000	03/11/22	620663	IN	BOON CHAPMAN	164.05-	164.05-			00/00/00	RC		2
50200.000	03/11/22	620668	IN	HUMANA	89.70-	89.70-			00/00/00	RC		2
50200.000	03/11/22	620671	IN	FRINGE BENEFITS GRO	77.25-	77.25-			00/00/00	RC		2
50200.000	03/14/22	620824	IN	COLONIAL PENN LIFE	50.00-	50.00-			00/00/00	RC		2
50200.000	03/14/22	620841	IN	RESERVE NATIONAL IN	.00	.00			00/00/00	RC		2
50200.000	03/15/22	620873	IN	UNITED HEALTHCARE I	2596.58-	2596.58-			00/00/00	RC		2
50200.000	03/15/22	621015	IN	UNITED HEALTHCARE I	2596.58	2596.58			00/00/00	RC		2
50200.000	03/21/22	621479	IN	UMR	105.04-	105.04-			00/00/00	RC		2
50200.000	03/21/22	621481	IN	UMR	326.35-	326.35-			00/00/00	RC		2
50200.000	03/21/22	621494	IN	BOON CHAPMAN - O/P	135.32-	135.32-			00/00/00	RC		2
50200.000	03/21/22	621496	IN	BOON CHAPMAN - O/P	24.65-	24.65-			00/00/00	RC		2
50200.000	03/21/22	621504	IN	THE AMERICAN WORKER	184.14-	184.14-			00/00/00	RC		2
50200.000	03/21/22	621509	IN	HUMANA	216.89-	216.89-			00/00/00	RC		2
50200.000	03/21/22	621511	IN	MEDI SHARE	75.30-	75.30-			00/00/00	RC		2
50200.000	03/21/22	621513	IN	MEDI SHARE	252.89-	252.89-			00/00/00	RC		2
50200.000	03/21/22	621523	IN	BOON CHAPMAN - O/P	24.65-	24.65-			00/00/00	RC		2
50200.000	03/21/22	621525	IN	BOON CHAPMAN - O/P	37.57-	37.57-			00/00/00	RC		2
50200.000	03/22/22	621651	IN	CIGNA HEALTHCARE	611.90-	611.90-			00/00/00	RC		2
50200.000	03/22/22	621706	IN	CIGNA HEALTHCARE	731.27-	731.27-			00/00/00	RC		2
50200.000	03/31/22	622802	IN	CIGNA HEALTHCARE	.00	.00			00/00/00	RC		2
50200.000	03/31/22	622828	IN	CIGNA HEALTHCARE	37.45-	37.45-			00/00/00	RC		2
50200.000	03/31/22	623167	IN	UNITED HEALTHCARE N	148.30-	148.30-			00/00/00	RC		2
TOTAL 50200.000 COMMERCIAL INS. -ADJ					-436367.85							
50240.000	03/02/22	619306	CA		10.00	10.00			00/00/00	KAH		2
50240.000	03/03/22	619632	CA		10.00	10.00			00/00/00	PLB		2
50240.000	03/03/22	619635	CA		10.00-	10.00-			00/00/00	PLB		2
50240.000	03/04/22	619600	CA		10.00	10.00			00/00/00	PLB		2
50240.000	03/04/22	619636	CA		10.00	10.00			00/00/00	PLB		2
50240.000	03/08/22	619938	CA		10.00	10.00			00/00/00	PLB		2
50240.000	03/14/22	620585	CA		10.00	10.00			00/00/00	PLB		2
50240.000	03/14/22	620618	CA		10.00	10.00			00/00/00	PLB		2
50240.000	03/29/22	622276	CA		10.00	10.00			00/00/00	PLB		2
50240.000	03/29/22	622277	CA		10.00	10.00			00/00/00	PLB		2
50240.000	03/29/22	622278	CA		10.00-	10.00-			00/00/00	PLB		2
50240.000	03/29/22	622318	CA		10.00	10.00			00/00/00	PLB		2
TOTAL 50240.000 COUNTY INDIGENT COPAYS					80.00							
50410.000	03/23/22	621774	CK	TEXAS COMPTROLLER O	21123.00	21123.00			00/00/00	PLB		2
TOTAL 50410.000 GENERAL CONTRIBUTION-OTHER REV					21123.00							
50510.000	03/01/22	619270	CA	CAFE	117.11	117.11			00/00/00	KAH		2
50510.000	03/01/22	619271	VI	CAFE	195.51	195.51			00/00/00	KAH		2
50510.000	03/01/22	619272	MC	CAFE	79.26	79.26			00/00/00	KAH		2
50510.000	03/01/22	619273	AE	CAFE	3.71	3.71			00/00/00	KAH		2
50510.000	03/01/22	619274	VI	CURBSIDE	29.31	29.31			00/00/00	KAH		2
50510.000	03/02/22	619426	CA	CAFE	96.26	96.26			00/00/00	KAH		2
50510.000	03/02/22	619427	VI	CAFE	181.19	181.19			00/00/00	KAH		2
50510.000	03/02/22	619428	MC	CAFE	119.32	119.32			00/00/00	KAH		2

RUN DATE: 04/05/22
TIME: 15:08


MEMORIAL MEDICAL CENTER
RECEIPTS FROM 03/01/22 TO 03/31/22

PAGE 150
RCMREP

G/L NUMBER	RECEIPT DATE	PAY NUMBER TYPE PAYER	CASH AMOUNT	RECEIPT AMOUNT	RECEIPT NUMBER NAME	DISC DATE	COLL GL INIT CODE ACCOUNT	CASH
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50240.000	03/02/22	619306 CA	10.00	10.00		00/00/00	KAH	2
50240.000	03/03/22	619632 CA	10.00	10.00		00/00/00	PLB	2
50240.000	03/03/22	619635 CA	10.00-	10.00-		00/00/00	PLB	2
50240.000	03/04/22	619600 CA	10.00	10.00		00/00/00	PLB	2
50240.000	03/04/22	619636 CA	10.00	10.00		00/00/00	PLB	2
50240.000	03/08/22	619938 CA	10.00	10.00		00/00/00	PLB	2
50240.000	03/14/22	620585 CA	10.00	10.00		00/00/00	PLB	2
50240.000	03/14/22	620618 CA	10.00	10.00		00/00/00	PLB	2
50240.000	03/29/22	622276 CA	10.00	10.00		00/00/00	PLB	2
50240.000	03/29/22	622277 CA	10.00	10.00		00/00/00	PLB	2
50240.000	03/29/22	622278 CA	10.00-	10.00-		00/00/00	PLB	2
50240.000	03/29/22	622318 CA	10.00	10.00		00/00/00	PLB	2

TOTAL 50240.000 COUNTY INDIGENT COPAYS 80.00


4/7/22