

**MEMORIAL MEDICAL CENTER**

**COMMISSIONERS COURT APPROVAL LIST FOR ---- May 24, 2023**

by:DC

**INDIGENT HEALTHCARE FUND:**

**INDIGENT EXPENSES**

HEB Pharmacy (Medimpact) Pharmacy Reimbursement	32.67
MMCenter (In-patient \$0/ Out-patient \$0 / ER \$0)	30.25
Memorial Medical Clinic	135.81
Singleton Associates, PA	9.89

<b>SUBTOTAL</b>	<b>208.62</b>	
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)	<b>4,166.67</b>	
	Subtotal	4,375.29
<b>Co-pays adjustments for April 2023</b>	<b>0.00</b>	
<b>Reimbursement from Medicaid</b>	<b>0.00</b>	

<b>TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES</b>	<b>4,375.29</b>
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800 000005/24/2023 01 CALHOUN COUNTY, TEXAS

DATE: 5/19/2023

VENDOR # 852

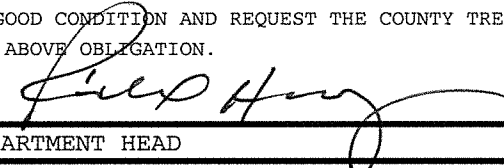
CC Indigent Health Care

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 05/24/2023			\$4,375.29
1000-001-46010	April 31, 2023 Interest			(\$1.94)
				\$4,373.35

COUNTY AUDITOR  
APPROVAL ONLY

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:



5/19/2023

DEPARTMENT HEAD

DATE

**MEMORIAL  
MEDICAL CENTER**



*So Much... So Close!*


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

Date: 5/8/2023  
Invoice # 380  
For: Apr-23

Bill To:  
Calhoun County

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

Total \$ 4,166.67

  
\_\_\_\_\_  
ANTHONY RICHARDSON  
CFO

APPROVED ON  
MAY 19 2023  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

•IHS  
Issued 05/10/23

**Source Totals Report**  
Calhoun Indigent Health Care  
Batch Dates 05/01/2023 through 05/01/2023  
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	213.00	9.89
02	Prescription Drugs	32.67	32.67
08	Rural Health Clinics	258.00	135.81
14	Mmc - Hospital Outpatient	54.00	30.25
	<b>Expenditures</b>	<b>558.13</b>	<b>209.08</b>
	<b>Reimb/Adjustments</b>	<b>-0.46</b>	<b>-0.46</b>
	<b>Grand Total</b>	<b>557.67</b>	<b>208.62</b>
		Expenses	4,166.67
		Co-Pays	< 0.00>
		<b>Total</b>	<b>4,375.29</b>

*Roshan S. Thomas*  
5/12/23

oIHS  
 Issued 05/10/23

**Source Totals Report**  
 Calhoun Indigent Health Care  
 Batch Dates 02/01/2023 through 05/01/2023  
 For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	517.00	23.53
01-2	Physician Services- Anesthesia	1,265.00	230.39
02	Prescription Drugs	36.66	36.66
08	Rural Health Clinics	378.00	255.81
14	Mmc - Hospital Outpatient	10,224.01	4,579.50
	<b>Expenditures</b>	<b>12,432.79</b>	<b>5,138.01</b>
	<b>Reimb/Adjustments</b>	<b>-12.12</b>	<b>-12.12</b>
	<b>Grand Total</b>	<b>12,420.67</b>	<b>5,125.89</b>
		Expenses	16,667.68
		Co- Pays	< 10.00 >
		<b>Total</b>	<b>21,783.57</b>

**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	0	5	0	2	5
April	2	1	0	4	5
May					
June					
July					
August					
September					
October					
November					
December					
<b>YTD</b>	<b>4</b>	<b>6</b>	<b>1</b>	<b>9</b>	<b>23</b>
Monthly Avg	1	2	0	2	6
December 2022 Active		1			
Number of Charity patients					205
Number of Charity patients below <u>50% FPL</u>					108
Number of Charity patients who meet State Indigent Guidelines					106

**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	1	3	0	16	\$2,460.00
April	3	12	0	22	\$11,674.00
May					
June					
July					
August					
September					
October					
November					
December					
<b>YTD PATIENT SAVINGS</b>					<b>\$30,588.22</b>
Monthly Avg	1	10	-	14	\$7,647.06
December 2022 Active		55			



# PROSPERITY BANK®

Statement Date 4/30/2023

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

13231

### STATEMENT SUMMARY

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

04/01/2023	Beginning Balance			\$14,007.50
	3 Deposits/Other Credits	+	\$4,237.29	
	7 Checks/Other Debits	-	\$12,735.87	
04/30/2023	Ending Balance	30	Days in Statement Period	\$5,508.92
	Total Enclosures			9

### DEPOSITS/OTHER CREDITS

Date	Description	Amount
04/04/2023	Deposit	\$4,225.35 <i>Feb-Mar.</i>
04/27/2023	Deposit	\$10.00 <i>Mar-Apr.</i>
04/30/2023	Accr Earning Pymt Added to Account	\$1.94 <i>copays</i>

### CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12586	04-05	\$4,166.67	12589	04-05	\$120.00	12592	04-24	\$60.50
12587	04-05	\$3.99	12590	04-05	\$8.29			
12588	04-05	\$4,209.75	12591	04-24	\$4,166.67			

### DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
04-01	\$14,007.50	04-05	\$9,724.15	04-27	\$5,506.98
04-04	\$18,232.85	04-24	\$5,496.98	04-30	\$5,508.92

### EARNINGS SUMMARY

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

Interest Paid This Period	\$1.94	Annual Percentage Yield Earned	0.25 %
Interest Paid YTD	\$7.88	Days in Earnings Period	30
		Earnings Balance	\$9,451.10

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