

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR --- May 25, 2022

by:CT

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

ESS of Port Lavaca LLC	55.52
HEB Pharmacy (Medimpact) Pharmacy Reimbursement	59.88
MMCenter (In-patient \$0/ Out-patient \$2215.64 / ER 4649.40)	6,865.04
Memorial Medical Clinic	671.62
MMC Professional Fees	76.45
Port Lavaca Clinic Associates	103.63
Singleton Associates, PA	110.13

SUBTOTAL

Memorial Medical Center (Indigent Healthcare Payroll and Expenses)

7,942.27

4,166.67

Subtotal 12,108.94

Co-pays adjustments for April 2022

(50.00)

Reimbursement from Medicaid

0.00

TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES

12,058.94

APPROVED

MAY 25 2022

**CALHOUN COUNTY
COMMISSIONERS COURT**

000005/25/2022 CALHOUN COUNTY, TEXAS

DATE: 5/25/2022

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 05/25/2022			\$12,058.94
1000-001-46010	April 30, 2022 Interest			(\$5.13)
				\$12,053.81

CALHOUN COUNTY AUDITOR
 APPROVED ON
 MAY 1 2022

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: *[Signature]* 5/25/2022

DEPARTMENT HEAD DATE

Source Totals Report
 Calhoun Indigent Health Care
 Batch Dates 05/01/2022 through 05/01/2022
 For Source Group Indigent Health Care
 For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	2,435.00	242.10
02	Prescription Drugs	59.88	59.88
08	Rural Health Clinics	911.00	775.25
14	Mmc - Hospital Outpatient	5,096.00	2,215.64
15	Mmc - Er Bills	10,332.00	4,649.40
	Expenditures	18,863.88	7,972.27
	Reimb/Adjustments	-30.00	-30.00
	Grand Total	18,833.88	7,942.27
		Expenses	<u>4,166.67</u>
			12,108.94
		Copays	<u><50.00></u>
			12,058.94
		Medicaid Reimbursements	<u><0.00></u>
			12,058.94
		Total	12,058.94

[Signature]
 5/18/22

APPROVED
 ON
 MAY 18 2022 *[Signature]*
 BY
 CALHOUN COUNTY AUDITOR

MEMORIAL MEDICAL CENTER
CHECK REQUEST



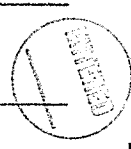
P CALHOUN COUNTY INDIGENT ACCOUNT
A _____
Y _____
E _____
E _____

Date Requested: 5/5/2022

FOR ACCT. USE ONLY

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

APPROVED ON
MAY 12 2022



AMOUNT \$50.00

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS
G/L NUMBER: 50240000

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

REQUESTED BY: MAYRA MARTINEZ

AUTHORIZED BY:

APPROVED
ON
MAY 16 2022
BY
CALHOUN COUNTY AUDITOR

RUN DATE: 05/05/22
TIME: 15:34

MEMORIAL MEDICAL CENTER
RECEIPTS FROM 04/01/22 TO 04/30/22

PAGE 127
RCMREP

G/L	RECEIPT PAY				CASH	RECEIPT		DISC	COLL GL CASH	
NUMBER	DATE	NUMBER	TYPE	PAYER	AMOUNT	AMOUNT	NUMBER	NAME	DATE	INIT CODE ACCOUNT

50240.000	04/08/22	623497	CA		10.00	10.00			00/00/00	DJM	2
50240.000	04/07/22	623312	CA		10.00	10.00			00/00/00	KAH	2
50240.000	04/13/22	623903	CA		10.00	10.00			00/00/00	PLB	2
50240.000	04/26/22	625203	CA		10.00	10.00			00/00/00	PLB	2
50240.000	04/27/22	625465	CA		10.00	10.00			00/00/00	PLB	2
TOTAL 50240.000 COUNTY INDIGENT COPAYS						50.00					

Handwritten:
5/10/22

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MAY 10 2022
Calhoun County Auditor

MEMORIAL MEDICAL CENTER

So Much... So Close!

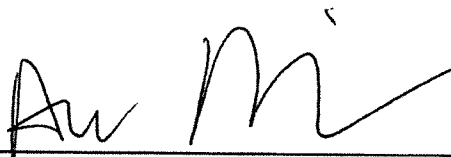
815 N. Virginia St. Port Lavaca, Texas 77979 (361) 552-6713

Date: 5/5/2022
Invoice # 369
For: Apr-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

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PROSPERITY BANK®

Statement Date 4/30/2022
 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

13266

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

04/01/2022	Beginning Balance		\$5,454.01
	3 Deposits/Other Credits	+	\$47,305.44
	1 Checks/Other Debits	-	\$61.75
04/30/2022	Ending Balance	30 Days in Statement Period	\$52,697.70
	Total Enclosures		3

DEPOSITS/OTHER CREDITS

Date	Description	Amount
04/08/2022	Deposit	\$47,220.31 ✓
04/26/2022	Deposit	\$80.00 ✓
04/30/2022	Accr Earning Pymt Added to Account	\$5.13 ✓

CHECKS

Check Number	Date	Amount
12522	04-01	\$61.75

DAILY ENDING BALANCE

Date	Balance	Date	Balance
04-01	\$5,392.26	04-26	\$52,692.57
04-08	\$52,612.57	04-30	\$52,697.70

EARNINGS SUMMARY

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

Interest Paid This Period	\$5.13	Annual Percentage Yield Earned	0.15 %
Interest Paid YTD	\$8.05	Days in Earnings Period	30
		Earnings Balance	\$41,607.83

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101151 : 01326601



Calhoun County Indigent Care Patient Caseload 2022

	Approved	Denied	Removed	Active	Pending
January	1	0	0	7	5
February	1	0	1	7	4
March	0	0	0	7	6
April	0	1	0	7	3
May					
June					
July					
August					
September					
October					
November					
December					

YTD

Monthly Avg	1	0	0	7	5
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December 2021 Active 6

Number of Charity patients 198

Number of Charity patients below 50% FPL 85

BR
5/10/22

Calhoun County Pharmacy Assistance Patient Caseload 2022

	Approved	Refills	Removed	Active	Value
January	2	6	0	28	\$16,676.00
February	2	5	0	30	\$14,616.00
March	12	7	0	42	\$34,978.00
April	5	7	0	47	\$42,159.00
May					
June					
July					
August					
September					
October					
November					
December					

YTD PATIENT SAVINGS \$108,429.00

Monthly Avg	5	6	-	37	\$27,107.25
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December 2021 Active 26

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Source Totals Report
 Calhoun Indigent Health Care
 Batch Dates 02/01/2022 through 05/01/2022
 For Source Group Indigent Health Care
 For Vendor: All Vendors

corrected copy

Source	Description	Amount Billed	Amount Paid
01	Physician Services	7,478.00	539.62
01-2	Physician Services- Anesthesia	624.00	155.71
02	Prescription Drugs	256.82	256.82
08	Rural Health Clinics	2,112.00	1,509.18
13	Mmc - Inpatient Hospital	57,628.82	29,523.07
14	Mmc - Hospital Outpatient	32,035.00	12,429.21
15	Mmc - Er Bills	39,165.00	15,605.94
Expenditures		139,422.70	60,142.61
Reimb/Adjustments		-123.06	-123.06
Grand Total		139,299.64	60,019.55
		Expenses	<u>16,666.68</u>
			76,686.23
		Copays	<u><240.00></u>
			76,446.23
		Medicaid Reimbursements	<u><0.00></u>
			76,446.23
		Year to Date Total	76,446.23

Calhoun County Auditor

MAY 18 2022

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Calhoun County Auditor

MAY 18 2022

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 For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	7,478.00	539.62
01-2	Physician Services- Anesthesia	624.00	155.71
02	Prescription Drugs	249.70	249.70
08	Rural Health Clinics	2,112.00	1,509.18
13	Mmc - Inpatient Hospital	57,628.82	29,523.07
14	Mmc - Hospital Outpatient	32,035.00	12,429.21
15	Mmc - Er Bills	39,165.00	15,605.94
	Expenditures	<u>139,415.58</u>	<u>60,135.49</u>
	Reimb/Adjustments	<u>-123.06</u>	<u>-123.06</u>
	Grand Total	139,292.52	60,012.43
		Expenses	<u>16,666.68</u> 76,679.11
		Copays	<u><240.00></u> 76,439.11
		Medicaid Reimbursements	<u>< 0.00 ></u> 76,439.11
		Year to Date Total	76,439.11

[Handwritten Signature]
 5/10/22

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 MAY 10 2022
 Calhoun County Auditor