

MEMORIAL MEDICAL CENTER

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

by:CT

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

HEB Pharmacy (Medimpact) Pharmacy Reimbursement	82.79
MMCenter (In-patient \$0/ Out-patient \$3,374.10 / ER \$1,884.60)	5,258.70
Memorial Medical Clinic	615.81
Victoria Eye Center	99.17

SUBTOTAL	6,056.47
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)	4,166.67
	Subtotal 10,223.14
Co-pays adjustments for June 2022	(80.00)
Reimbursement from Medicaid	0.00

TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	10,143.14
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APPROVED

JUL 20 2022

APPROVED

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**CALHOUN COUNTY
COMMISSIONERS COURT**

**CALHOUN COUNTY
COMMISSIONERS COURT**

000007/20/2022 CALHOUN COUNTY, TEXAS

DATE: 7/20/2022
 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 07/20/2022			\$10,143.14
1000-001-46010	June 30, 2022 Interest			(\$1.49)
				\$10,141.65
<p>COUNTY AUDITOR APPROVAL ONLY</p> <p>APPROVED ON JUL 1 2022 BY CALHOUN COUNTY AUDITOR</p> <p>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.</p> <p>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.</p> <p>BY: <i>[Signature]</i> 7/20/2022</p> <p>DEPARTMENT HEAD DATE</p>				

MEMORIAL MEDICAL CENTER

So Much. So Close!


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

Date: 7/8/2022
Invoice # 371
For: Jun-22

Bill To:
Calhoun County

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

Total \$ 4,166.67


WILLIAM LITTLE
CFO

APPROVED
ON

JUL 7 - 2022

BY
CALHOUN COUNTY AUDITOR

©IHS
Issued 07/05/22

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 07/01/2022 through 07/01/2022
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	160.00	99.17
02	Prescription Drugs	88.13	82.79
08	Rural Health Clinics	624.00	615.81
14	Mmc - Hospital Outpatient	7,498.01	3,374.10
15	Mmc - Er Bills	4,188.00	1,884.60
	Expenditures	12,607.16	6,105.49
	Reimb/Adjustments	-49.02	-49.02
	Grand Total	12,558.14	6,056.47
		EXPENSES	4,166.67
			10,223.14
		COPAYS	<80.00>
		TOTAL	10,143.14

APPROVED
ON

JUL 7 - 2022

BY 
CALHOUN COUNTY AUDITOR

WTL

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 Issued 07/05/22

Source Totals Report
 Calhoun Indigent Health Care
 Batch Dates 02/01/2022 through 07/01/2022
 For Source Group Indigent Health Care
 For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	9,763.00	770.04
01-2	Physician Services- Anesthesia	624.00	155.71
02	Prescription Drugs	411.28	405.94
08	Rural Health Clinics	2,921.00	2,228.62
13	Mmc - Inpatient Hospital	57,628.82	29,523.07
14	Mmc - Hospital Outpatient	39,721.01	15,861.91
15	Mmc - Er Bills	43,353.00	17,490.54
	Expenditures	154,610.00	66,623.72
	Reimb/Adjustments	-187.89	-187.89
	Grand Total	154,422.11	66,435.83
			EXPENSES 25,000.02
			91,435.85
			COPAYS <330.00>
			TOTAL 91,105.85

WTL

MEMORIAL MEDICAL CENTER
CHECK REQUEST

 COPY

P CALHOUN COUNTY INDIGENT ACCOUNT

Date Requested: 7/8/22

A _____

Y _____

E _____

E _____

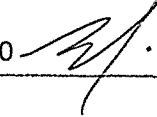
APPROVED ON

JUL 14 2022



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: _____

MEMORIAL MEDICAL CENTER
RECEIVED

JUL 11 2022

ACCOUNTS PAYABLE

RUN DATE: 07/05/22
TIME: 11:25

MEMORIAL MEDICAL CENTER
RECEIPTS FROM 06/01/22 TO 06/30/22

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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	06/01/22				10.00				00/00/00	PLB		2
50240.000	06/01/22				10.00				00/00/00	PLB		2
50240.000	06/01/22				10.00				00/00/00	PLB		2
50240.000	06/09/22				10.00				00/00/00	PLB		2
50240.000	06/16/22				10.00				00/00/00	PLB		2
50240.000	06/20/22				10.00				00/00/00	PLB		2
50240.000	06/24/22				10.00				00/00/00	PLB		2
50240.000	06/28/22				10.00				00/00/00	PLB		2
TOTAL 50240.000 COUNTY INDIGENT COPAYS					80.00							

WTC

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	0	0	0	7	3
June	1	0	1	7	3
July					
August					
September					
October					
November					
December					
YTD					
Monthly Avg	1	0	0	7	4
December 2021 Active		6			
Number of Charity patients				214	
Number of Charity patients below <u>50% FPL</u>				71	

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	8	3	0	55	\$21,252.00
June	2	3	0	57	\$12,186.00
July					
August					
September					
October					
November					
December					
YTD PATIENT SAVINGS					\$141,867.00
Monthly Avg	5	5	-	43	\$23,644.50
December 2021 Active		26			0

WTL



PROSPERITY BANK®

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

Statement Date 6/30/2022
Account No ****4551
Page 1 of 2

13374

STATEMENT SUMMARY

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

06/01/2022	Beginning Balance			\$5,726.15
	2 Deposits/Other Credits	+	\$12,105.30	
	10 Checks/Other Debits	-	\$12,398.52	
06/30/2022	Ending Balance			\$5,432.93
	Total Enclosures			11
		30	Days in Statement Period	

DEPOSITS/OTHER CREDITS

Date	Description	Amount
06/01/2022	Deposit	\$12,103.81
06/30/2022	Accr Earning Pymt Added to Account	\$1.49

*April Exp
12,053.81
April Co pay
\$50-*

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12528	06-02	\$82.60	12539	06-17	\$59.88	12543	06-29	\$103.63
12531*	06-02	\$109.33	12540	06-17	\$6,865.04	12544	06-24	\$110.13
12535*	06-02	\$153.17	12541	06-24	\$671.62			
12538*	06-17	\$4,166.67	12542	06-24	\$76.45			

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
06-01	\$17,829.96	06-17	\$6,393.27	06-29	\$5,431.44
06-02	\$17,484.86	06-24	\$5,535.07	06-30	\$5,432.93

EARNINGS SUMMARY

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

Interest Paid This Period	\$1.49	Annual Percentage Yield Earned	0.15 %
Interest Paid YTD	\$15.46	Days in Earnings Period	30
		Earnings Balance	\$12,113.13

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101341 : 01337401

MEMBER FDIC



NYSE Symbol "PB"