

**MEMORIAL MEDICAL CENTER**

**COMMISSIONERS COURT APPROVAL LIST FOR ---- August 17, 2022**

by:DC

**INDIGENT HEALTHCARE FUND:**

**INDIGENT EXPENSES**

Citizens Medical Professional	104.87
HEB Pharmacy (Medimpact) Pharmacy Reimbursement	78.86
MMCenter (In-patient \$0/ Out-patient \$1,471.00 / ER \$0)	1,471.00
Memorial Medical Clinic	815.81
MMC Professional Fees	239.64
Singleton Associates, PA	47.85
<b>SUBTOTAL</b>	<b>2,758.03</b>
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)	<b>4,166.67</b>
	<b>6,924.70</b>
	<b>Subtotal</b>
Co-pays adjustments for July 2022	<b>(40.00)</b>
Reimbursement from Medicaid	<b>0.00</b>
<b>TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES</b>	<b>6,884.70</b>

**APPROVED**

**AUG 17 2022**

**CALHOUN COUNTY  
COMMISSIONERS COURT**

000008/17/2022 CALHOUN COUNTY, TEXAS

DATE: 8/17/2022  
 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 08/17/2022			\$6,884.70
1000-001-46010	July 31, 2022 Interest			(\$1.19)
				\$6,883.51

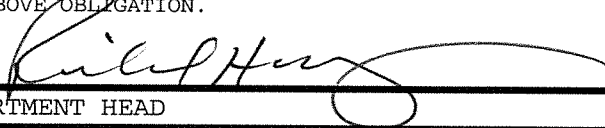
COUNTY AUDITOR APPROVAL ONLY

APPROVED ON AUG 16 2022

CALHOUN 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:  8/16/2022

DEPARTMENT HEAD DATE

**MEMORIAL  
MEDICAL CENTER**



*So Much... So Close!*

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

Date: 8/5/2022

Invoice # 372

For: Jul-22

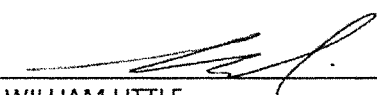
Bill To:  
Calhoun County

DESCRIPTION	AMOUNT
-------------	--------

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

---

Total \$ 4,166.67

  
WILLIAM LITTLE  
CFO

APPROVED  
ON

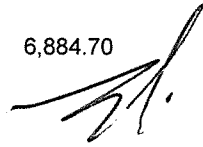
AUG 16 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

©IHS  
Issued 08/05/22

**Source Totals Report**  
Calhoun Indigent Health Care  
Batch Dates 07/31/2022 through 08/01/2022  
For Source Group Indigent Health Care  
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	2,549.00	287.49
01-2	Physician Services- Anesthesia	510.00	104.87
02	Prescription Drugs	78.86	78.86
08	Rural Health Clinics	855.00	815.81
14	Mmc - Hospital Outpatient	3,160.00	1,471.00
	<b>Expenditures</b>	<b>7,161.48</b>	<b>2,766.65</b>
	<b>Reimb/Adjustments</b>	<b>-8.62</b>	<b>-8.62</b>
	<b>Grand Total</b>	<b>7,152.86</b>	<b>2,758.03</b>
		EXPENSES	4,166.67
			6,924.70
		COPAYS	<40.00>
			6,884.70



APPROVED  
ON

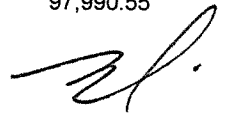
AUG 16 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

©IHS  
Issued 08/05/22

**Source Totals Report**  
Calhoun Indigent Health Care  
Batch Dates 02/01/2022 through 08/01/2022  
For Source Group Indigent Health Care  
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	12,312.00	1,057.53
01-2	Physician Services- Anesthesia	1,134.00	260.58
02	Prescription Drugs	490.14	484.80
08	Rural Health Clinics	3,776.00	3,044.43
13	Mmc - Inpatient Hospital	57,628.82	29,523.07
14	Mmc - Hospital Outpatient	42,881.01	17,332.91
15	Mmc - Er Bills	43,353.00	17,490.54
	<b>Expenditures</b>	<b>161,771.48</b>	<b>69,390.37</b>
	<b>Reimb/Adjustments</b>	<b>-196.51</b>	<b>-196.51</b>
	<b>Grand Total</b>	<b>161,574.97</b>	<b>69,193.86</b>
	EXPENSES		29,166.69
			98,360.55
	COPAYS		<370.00>
	TOTAL		97,990.55



**COPY**

# MEMORIAL MEDICAL CENTER CHECK REQUEST

P CALHOUN COUNTY INDIGENT ACCOUNT

Date Requested: 8/5/22

A \_\_\_\_\_

Y \_\_\_\_\_

E \_\_\_\_\_

E \_\_\_\_\_

**FOR ACCT. USE ONLY**

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



**APPROVED ON**

**AUG 11 2022**

**BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS**

G/L NUMBER: 50240000

AMOUNT \$40.00

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

REQUESTED BY: MAYRA MARTINEZ

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER  
CHECK REQUEST  
AUG 08 2022  
ACCOUNTS PAYABLE

RUN DATE: 08/05/22  
 TIME: 13:02

MEMORIAL MEDICAL CENTER  
 RECEIPTS FROM 07/01/22 TO 07/31/22

PAGE 124  
 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	07/12/22	634070	IN	GBS	159.20-	159.20-			00/00/00	RC		2
50200.000	07/12/22	634102	IN	GW HEALTHCARE	330.85-	330.85-			00/00/00	RC		2
50200.000	07/12/22	634104	IN	CIGNA HEALTHCARE	372.79-	372.79-			00/00/00	RC		2
50200.000	07/12/22	634146	IN	GW HEALTHCARE	76.40-	76.40-			00/00/00	RC		2
50200.000	07/13/22	634330	IN	UMR	144.14-	144.14-			00/00/00	RC		2
50200.000	07/13/22	634332	IN	ALL SAVERS	460.10-	460.10-			00/00/00	RC		2
50200.000	07/19/22	634916	IN	CIGNA HEALTHCARE	95.87-	95.87-			00/00/00	RC		2
50200.000	07/20/22	635008	IN	ALL SAVERS	478.62-	478.62-			00/00/00	RC		2
50200.000	07/20/22	635031	IN	UMR	159.19-	159.19-			00/00/00	RC		2
50200.000	07/20/22	635037	IN	CIGNA HEALTHCARE	.00	.00			00/00/00	RC		2
50200.000	07/20/22	635076	IN	CIGNA HEALTHCARE	120.48-	120.48-			00/00/00	RC		2
50200.000	07/21/22	635174	IN	DIRECT CARE ADMINIS	110.40-	110.40-			00/00/00	RC		2
50200.000	07/25/22	635448	IN	UNITED HEALTHCARE H	108.58-	108.58-			00/00/00	RC		2
50200.000	07/25/22	635452	IN	CIGNA HEALTHCARE	86.46-	86.46-			00/00/00	RC		2
50200.000	07/25/22	635480	IN	CIGNA HEALTHCARE	170.20-	170.20-			00/00/00	RC		2
50200.000	07/26/22	635588	IN	ALLSAVERS	71.14-	71.14-			00/00/00	RC		2
50200.000	07/26/22	635592	IN	CIGNA HEALTHCARE	827.84-	827.84-			00/00/00	RC		2
50200.000	07/26/22	635657	IN	SANA BENEFITS	849.55-	849.55-			00/00/00	RC		2
**TOTAL** 50200.000 COMMERCIAL INS. -ADJ						-447044.63						
50240.000	07/05/22	633348	CA		10.00	10.00			00/00/00	PLB		2
50240.000	07/06/22	633441	CA		10.00	10.00			00/00/00	PLB		2
50240.000	07/25/22	635449	VI		10.00	10.00			00/00/00	PLB		2
50240.000	07/25/22	635450	VI		10.00	10.00			00/00/00	PLB		2
**TOTAL** 50240.000 COUNTY INDIGENT COPAYS						40.00						
50410.000	07/11/22	633806	CK	TEXAS COMPTROLLER D	10969.00	10969.00			00/00/00	KAH		2
**TOTAL** 50410.000 GENERAL CONTRIBUTION-OTHER REV						10969.00						
50460.000	07/29/22	636361	IN	DRISCOLL	228.39	228.39			00/00/00	KAH		2
50460.000	07/29/22	636362	IN	DRISCOLL	4318.35	4318.35			00/00/00	KAH		2
50460.000	07/29/22	636364	IN	DRISCOLL CLINIC	1816.94	1816.94			00/00/00	MRP		2
50460.000	07/29/22	636365	IN	DRISCOLL CLINIC	32869.52	32869.52			00/00/00	MRP		2
50460.000	07/29/22	636366	IN	DRISCOLL CLINIC	4248.97	4248.97			00/00/00	MRP		2
50460.000	07/29/22	636367	IN	DRISCOLL CLINIC	226.66	226.66			00/00/00	MRP		2
50460.000	07/29/22	636368	IN	DRISCOLL CLINIC	4239.04	4239.04			00/00/00	MRP		2
50460.000	07/29/22	636369	IN	DRISCOLL CLINIC	225.83	225.83			00/00/00	MRP		2
**TOTAL** 50460.000 RAPPS - OTHER REV						48173.70						
50510.000	07/11/22	633726	CA	CAFE	321.12	321.12			00/00/00	CAS		2
50510.000	07/11/22	633727	MC	CAFE CURBSIDE	37.63	37.63			00/00/00	CAS		2
50510.000	07/11/22	633728	VI	CAFE CURBSIDE	60.06	60.06			00/00/00	CAS		2
50510.000	07/11/22	633729	VI	CAFE	345.07	345.07			00/00/00	CAS		2
50510.000	07/11/22	633730	MC	CAFE	146.56	146.56			00/00/00	CAS		2
50510.000	07/07/22	633515	CA	CAFE	145.30	145.30			00/00/00	KAH		2
50510.000	07/07/22	633516	VI	CAFE	280.10	280.10			00/00/00	KAH		2
50510.000	07/07/22	633517	MC	CAFE	102.72	102.72			00/00/00	KAH		2
50510.000	07/07/22	633518	DS	CAFE	6.70	6.70			00/00/00	KAH		2
50510.000	07/07/22	633519	VI	CURBSIDE	11.45	11.45			00/00/00	KAH		2
50510.000	07/08/22	633647	CA	CAFE	223.03	223.03			00/00/00	KAH		2

RUN DATE: 08/05/22  
TIME: 11:33

MEMORIAL MEDICAL CENTER  
RECEIPTS FROM 07/01/22 TO 07/31/22

PAGE 124  
RCMREP


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

---

50240.000	07/05/22	633348			10.00				00/00/00	PLB 2
50240.000	07/06/22	633441			10.00				00/00/00	PLB 2
50240.000	07/25/22	635449			10.00				00/00/00	PLB 2
50240.000	07/25/22	635450			10.00				00/00/00	PLB 2

\*\*TOTAL\*\* 50240.000 COUNTY INDIGENT COPAYS

40.00





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	0	1	0	7	2
August					
September					
October					
November					
December					

YTD

Monthly Avg	0	0	0	7	4
-------------	---	---	---	---	---

December 2021 Active 6

Number of Charity patients	208
Number of Charity patients below <u>50% FPL</u>	84
Number of Charity patients who meet State Indigent Guidelines	44

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	7	3	0	64	\$18,666.00
August					
September					
October					
November					
December					

YTD PATIENT SAVINGS \$160,533.00

Monthly Avg	5	5	-	46	\$22,933.29
-------------	---	---	---	----	-------------

0

December 2021 Active 26



# PROSPERITY BANK®

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

Statement Date 7/31/2022  
Account No \*\*\*\*4551  
Page 1 of 2

13265

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

07/01/2022	Beginning Balance		\$5,432.93
	3 Deposits/Other Credits	+	\$4,521.75
	0 Checks/Other Debits	-	\$0.00
07/31/2022	Ending Balance	31 Days in Statement Period	\$9,954.68
	Total Enclosures		2

### DEPOSITS/OTHER CREDITS

Date	Description	Amount
07/01/2022	Deposit	\$10.00 <i>MAY June</i>
07/05/2022	Deposit	\$4,510.56 <i>MAY June</i>
07/31/2022	Accr Earning Pymt Added to Account	\$1.19

### DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
07-01	\$5,442.93	07-05	\$9,953.49	07-31	\$9,954.68

### EARNINGS SUMMARY

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

Interest Paid This Period	\$1.19	Annual Percentage Yield Earned	0.15 %
Interest Paid YTD	\$16.65	Days in Earnings Period	31
		Earnings Balance	\$9,371.48

0000



101211 : 01326501

