

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- August 23, 2023

by:CT

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

HEB Pharmacy (Medimpact) Pharmacy Reimbursement	28.91
Memorial Medical Clinic	255.81
Singleton Associates, PA	65.76

SUBTOTAL

Memorial Medical Center (Indigent Healthcare Payroll and Expenses)	350.48
	4,166.67
Subtotal	4,517.15
Co-pays adjustments for July 2023	0.00
Reimbursement from Medicaid	0.00

TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	4,517.15
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APPROVED

AUG 23 2023

**CALHOUN COUNTY
COMMISSIONERS COURT**

800 000008/23/2023 01 CALHOUN COUNTY, TEXAS

DATE: 8/23/2023

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 08/23/2023			\$4,517.15
1000-001-46010	July 31, 2023 Interest			(\$1.71)
				\$4,515.44

COUNTY AUDITOR APPROVAL ONLY

APPROVED ON
AUG 23 2023

BY: *[Signature]* 8/23/2023

BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS


DEPARTMENT HEAD DATE

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.

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Issued 08/09/23

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 08/01/2023 through 08/01/2023
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	1,278.00	65.76
02	Prescription Drugs	28.91	28.91
08	Rural Health Clinics	295.00	255.81
	Expenditures	1,601.91	350.48
	Reimb/Adjustments		
	Grand Total	1,601.91	350.48
		Expenses	4,166.67
		Co-Pays	< 0.00 >
			4,517.15

 8/10/23

APPROVED ON
AUG 16 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS


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Issued 08/09/23

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 02/01/2023 through 08/01/2023
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	1,795.00	89.29
01-2	Physician Services- Anesthesia	1,265.00	230.39
02	Prescription Drugs	123.60	123.60
08	Rural Health Clinics	673.00	511.62
14	Mmc - Hospital Outpatient	12,690.01	5,716.60
15	Mmc - Er Bills	1,731.00	783.45
	Expenditures	18,293.73	7,471.07
	Reimb/Adjustments	-16.12	-16.12
	Grand Total	18,277.61	7,454.95

Expenses 29,167.69
Co-Pays < 30.00 >

32,075.49

 8/10/23

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	1	6	1	4	3
June	0	2	2	3	4
July	0	3	0	3	6
August					
September					
October					
November					
December					
YTD	5	17	4	19	36
Monthly Avg	1	2	1	3	5
December 2022 Active		1			
Number of Charity patients					218
Number of Charity patients below <u>50% FPL</u>					115
Number of Charity patients who meet State Indigent Guidelines					112

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	1	3	0	24	\$2,954.67
June	2	9	0	29	\$5,673.30
July	3	11	0	29	\$6,159.99
August					
September					
October					
November					
December					
YTD PATIENT SAVINGS					\$45,376.18
Monthly Avg	1	9	-	20	\$6,482.31
December 2022 Active		55			

Monica Escalante

From: Caitlin Clevenger
Sent: Friday, August 04, 2023 1:51 PM
To: Monica Escalante
Subject: indigent copays

Hi Monica,

I show no indigent copays for the month of July. Thank you.

The information contained in this transmission may contain privileged and confidential information, including patient information protected by federal and state privacy laws. It is intended only for the use of the person(s) named above. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution, or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message and any attachments.

Caitlin Clevenger

Accountant
Memorial Medical Center
815 N Virginia. St
Port Lavaca, TX 77979
Ph: 361.552.0272

MEMORIAL MEDICAL CENTER

So Much... So Close!

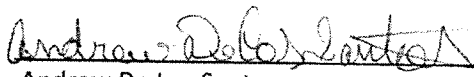
815 N. Virginia St. Port Lavaca, Texas 77979 (361) 552-6713

Date: 8/4/2023
Invoice # 382
For: Jul-23

Bill To:
Calhoun County

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

Total \$ 4,166.67

 8/4/23
Andrew De Los Santos
Controller

APPROVED ON

AUG 16 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS



PROSPERITY BANK®

Statement Date 7/31/2023
 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

13446

STATEMENT SUMMARY

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

07/01/2023	Beginning Balance		\$5,729.21
	3 Deposits/Other Credits	+	\$5,599.86
	0 Checks/Other Debits	-	\$0.00
07/31/2023	Ending Balance	31 Days in Statement Period	\$11,329.07
	Total Enclosures		2

DEPOSITS/OTHER CREDITS

Date	Description	Amount
07/19/2023	Deposit	\$5,588.15 <i>May-Jun Pk</i>
07/28/2023	Deposit	\$10.00 <i>May's pay</i>
07/31/2023	Accr Earning Pymt Added to Account	\$1.71

DAILY ENDING BALANCE

Date	Balance	Date	Balance
07-01	\$5,729.21	07-28	\$11,327.36
07-19	\$11,317.36	07-31	\$11,329.07

EARNINGS SUMMARY

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

Interest Paid This Period	\$1.71	Annual Percentage Yield Earned	0.25 %
Interest Paid YTD	\$13.12	Days in Earnings Period	31
		Earnings Balance	\$8,073.92

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