

**MEMORIAL MEDICAL CENTER**

**COMMISSIONERS COURT APPROVAL LIST FOR ---- September 21, 2022**

by:CT

**INDIGENT HEALTHCARE FUND:**

**INDIGENT EXPENSES**

Citizens Medical Professional	135.06
Michelle M. Cummins MD	353.85
HEB Pharmacy (Medimpact) Pharmacy Reimbursement	62.12
MMCenter (In-patient \$15,284.72/ Out-patient \$7,355.70 / ER \$0)	22,640.42
Memorial Medical Clinic	200.00
MMC Professional Fees	76.45
Singleton Associates, PA	69.77

<b>SUBTOTAL</b>		<b>23,537.67</b>
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		<b>4,166.67</b>
	Subtotal	27,704.34
Co-pays adjustments for August 2022		<b>(70.00)</b>
Reimbursement from Medicaid		<b>0.00</b>

<b>TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES</b>	<b>27,634.34</b>
---	------------------

**APPROVED**

SEP 21 2022

**CALHOUN COUNTY  
COMMISSIONERS COURT**

000009/21/2022 CALHOUN COUNTY, TEXAS

DATE: 9/21/2022  
 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 09/21/2022			\$27,634.34
1000-001-46010	August 31, 2022 Interest			(\$2.18)
				\$27,632.16

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: *[Signature]* 9/21/2022  
 DEPARTMENT HEAD DATE

APPROVED ON SEP 15 2022 BY CALHOUN COUNTY AUDITOR

©IHS  
Issued 09/01/22

**Source Totals Report**  
Calhoun Indigent Health Care  
Batch Dates 08/31/2022 through 09/01/2022  
For Source Group Indigent Health Care  
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	3,255.80	500.07 ✓
01-2	Physician Services- Anesthesia	595.00	135.06 ✓
02	Prescription Drugs	62.12	62.12 ✓
08	Rural Health Clinics	200.00	200.00 ✓
13	Mmc - Inpatient Hospital	17,369.00	15,284.72 ✓
14	Mmc - Hospital Outpatient	16,346.02	7,355.70 ✓
	<b>Expenditures</b>	<b>37,909.88</b>	<b>23,619.61</b>
	<b>Reimb/Adjustments</b>	<b>-81.94</b>	<b>-81.94</b>
	<b>Grand Total</b>	<b>37,827.94</b>	<b>23,537.67</b>
		EXPENSES	4,166.67
		COPAYS	<70.00>
		<b>TOTAL</b>	<b>27,634.34</b>

*wa*

APPROVED  
ON  
SEP 15 2022  
BY *GA*  
CALHOUN COUNTY AUDITOR

©IHS  
Issued 09/01/22

**Source Totals Report**  
Calhoun Indigent Health Care  
Batch Dates 02/01/2022 through 09/01/2022  
For Source Group Indigent Health Care  
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	15,567.80	1,557.60
01-2	Physician Services- Anesthesia	1,729.00	395.64
02	Prescription Drugs	552.26	546.92
08	Rural Health Clinics	3,976.00	3,244.43
13	Mmc - Inpatient Hospital	74,997.82	44,807.79
14	Mmc - Hospital Outpatient	59,227.03	24,688.61
15	Mmc - Er Bills	43,353.00	17,490.54
	<b>Expenditures</b>	<b>199,681.36</b>	<b>93,009.98</b>
	<b>Reimb/Adjustments</b>	<b>-278.45</b>	<b>-278.45</b>
	<b>Grand Total</b>	<b>199,402.91</b>	<b>92,731.53</b>
		EXPENSES	60,967.70
		COPAYS	<440.00>
		<b>TOTAL</b>	<b>153,259.23</b>

W



**MEMORIAL  
MEDICAL CENTER**



*So Much... So Close!*

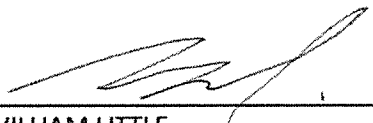
815 N. Virginia St. Port Lavaca, Texas 77979 (361) 552-6713

Date: 9/8/2022  
Invoice # 373  
For: Aug-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  
SEP 15 2022  
BY  
CALHOUN COUNTY AUDITOR

50240.000	08/04/22	636535	10.00	00/00/00	KAH	2
50240.000	08/02/22	636174	10.00	00/00/00	PLB	2
50240.000	08/08/22	636818	10.00	00/00/00	PLB	2
50240.000	08/11/22	637043	10.00	00/00/00	PLB	2
50240.000	08/11/22	637203	10.00	00/00/00	PLB	2
50240.000	08/18/22	638004	10.00	00/00/00	PLB	2
50240.000	08/25/22	638658	10.00	00/00/00	PLB	2
**TOTAL** 50240.000 COUNTY INDIGENT COPAYS			70.00			

W



# PROSPERITY BANK®

Statement Date 8/31/2022  
 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

13441

### STATEMENT SUMMARY

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

08/01/2022	Beginning Balance			\$9,954.68
	3 Deposits/Other Credits		+	\$10,223.83
	5 Checks/Other Debits		-	\$9,743.04
08/31/2022	Ending Balance	31	Days in Statement Period	\$10,435.47
	Total Enclosures			7

### DEPOSITS/OTHER CREDITS

Date	Description	Amount
08/09/2022	Deposit	\$10,141.65
08/12/2022	Deposit	\$80.00
08/31/2022	Accr Earning Pymt Added to Account	\$2.18

*8/22 P/O  
8/22 copy*

### CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12547	08-15	\$103.63	12550*	08-31	\$4,166.67	12552	08-31	\$5,258.70
12548	08-12	\$131.25	12551	08-31	\$82.79			

### DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
08-01	\$9,954.68	08-12	\$20,045.08	08-31	\$10,435.47
08-09	\$20,096.33	08-15	\$19,941.45		

### EARNINGS SUMMARY

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

Interest Paid This Period	\$2.18	Annual Percentage Yield Earned	0.15 %
Interest Paid YTD	\$18.83	Days in Earnings Period	31
		Earnings Balance	\$17,082.52

0000

101191 : 01344101

