

**MEMORIAL MEDICAL CENTER**

**COMMISSIONERS COURT APPROVAL LIST FOR ---- September 27, 2023**

by:DC

**INDIGENT HEALTHCARE FUND:**

**INDIGENT EXPENSES**

HEB Pharmacy (Medimpact) Pharmacy Reimbursement	69.20
MMCenter (In-patient \$0/ Out-patient \$84.15 / ER \$2728.35)	2,812.50
<b>SUBTOTAL</b>	<b>2,881.70</b>
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)	<b>4,166.67</b>
	Subtotal 7,048.37
Co-pays adjustments for August 2023	(10.00)
Reimbursement from Medicaid	0.00
<b>TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES</b>	<b>7,038.37</b>

**APPROVED**

SEP 27 2023

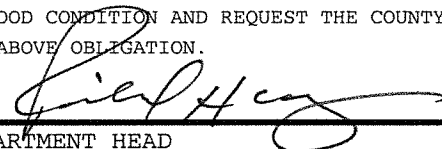
**CALHOUN COUNTY  
COMMISSIONERS COURT**

800 000009/27/2023 01 CALHOUN COUNTY, TEXAS

DATE: 9/22/2023  
 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 09/27/2023			\$7,038.37
1000-001-46010	August 31, 2023 Interest			(\$13.75)
				\$7,024.62

COUNTY AUDITOR APPROVAL ONLY  <b>APPROVED ON</b>  <b>SEP 22 2023</b>  BY 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:  DEPARTMENT HEAD	9/22/2023 DATE
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Issued 09/13/23

**Source Totals Report**  
Calhoun Indigent Health Care  
Batch Dates 09/01/2023 through 09/01/2023  
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
02	Prescription Drugs	69.20	69.20
14	Mmc - Hospital Outpatient	187.00	84.15
15	Mmc - Er Bills	6,063.00	2,728.35
	<b>Expenditures</b>	<b>6,319.20</b>	<b>2,881.70</b>
	<b>Reimb/Adjustments</b>		
	<b>Grand Total</b>	<b>6,319.20</b>	<b>2,881.70</b>
		<b>Expenses</b>	<b>4,166.67</b>
		<b>Co-Pays</b>	<b>&lt;10.00&gt;</b>
		<b>Total</b>	<b>7,038.37</b>

APPROVED ON

SEP 22 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

©IHS  
Issued 09/13/23

**Source Totals Report**  
Calhoun Indigent Health Care  
Batch Dates 02/01/2023 through 09/01/2023  
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	192.80	192.80
08	Rural Health Clinics	673.00	511.62
14	Mmc - Hospital Outpatient	12,877.01	5,800.75
15	Mmc - Er Bills	7,794.00	3,511.80
	<b>Expenditures</b>	<b>24,612.93</b>	<b>10,352.77</b>
	<b>Reimb/Adjustments</b>	<b>-16.12</b>	<b>-16.12</b>
	<b>Grand Total</b>	<b>24,596.81</b>	<b>10,336.65</b>
		<b>Expenses</b>	<b>33,334.36</b>
		<b>Co-Pays</b>	<b>&lt;40.00&gt;</b>
			<b>43,631.01</b>

### 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	1	1	0	4	6
September					
October					
November					
December					
<b>YTD</b>	<b>6</b>	<b>18</b>	<b>4</b>	<b>23</b>	<b>42</b>
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>					124
Number of Charity patients who meet State Indigent Guidelines					115

### 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	1	3	0	29	\$2,445.75
September					
October					
November					
December					
<b>YTD PATIENT SAVINGS</b>					<b>\$47,821.93</b>
Monthly Avg	1	8	-	21	\$5,977.74
December 2022 Active		55			

# MEMORIAL MEDICAL CENTER CHECK REQUEST

P CALHOUN COUNTY INDIGENT ACCOUNT /

Date Requested: 9/7/2023

A \_\_\_\_\_

Y \_\_\_\_\_

E \_\_\_\_\_

E \_\_\_\_\_

FOR ACCT USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

APPROVED ON

SEP 15 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

AMOUNT: \$ 10.00 ✓

G/L NUMBER: 50240000

EXPLANATION: TO TRANSFER INDIGENT COPAYS FROM OPERATING ACCOUNT TO INDIGENT ACCOUNT

REQUESTED BY: CAITLIN CLEVINGER

AUTHORIZED BY: *Andrew DeLoach*

9/13/23

RUN DATE: 09/07/23  
 TIME: 13:34

MEMORIAL MEDICAL CENTER  
 RECEIPTS FROM 08/01/23 TO 08/31/23

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 RCMREP

G/L NUMBER	RECEIPT PAY DATE	NUMBER	TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	COLL GL INIT CODE	CASH ACCOUNT
50200.000	08/21/23	674768	IN	ENTRUST/90 DEGREE B	281.87-	281.87-			00/00/00	KAH	2
50200.000	08/21/23	674770	IN	ENTRUST/90 DEGREE B	668.25-	668.25-			00/00/00	KAH	2
50200.000	08/21/23	674772	IN	ENTRUST/90 DEGREE B	2585.69-	2585.69-			00/00/00	KAH	2
50200.000	08/21/23	674774	IN	ENTRUST/90 DEGREE B	1746.95-	1746.95-			00/00/00	KAH	2
50200.000	08/21/23	674776	IN	MANHATTAN LIFE INSU	166.37-	166.37-			00/00/00	KAH	2
50200.000	08/22/23	674860	IN	BOON CHAPMAN	963.14-	963.14-			00/00/00	KAH	2
50200.000	08/22/23	674862	IN	BOON CHAPMAN	60.18-	60.18-			00/00/00	KAH	2
50200.000	08/24/23	675188	IN	AETNA U S HEALTHCAR	147.84-	147.84-			00/00/00	KAH	2
50200.000	08/24/23	675217	IN	AETNA-DOW CHEMICAL	2093.32-	2093.32-			00/00/00	KAH	2
50200.000	08/28/23	675244	IN	TRIWEST VA CCN CLAI	1752.36-	1752.36-			00/00/00	KAH	2
50200.000	08/28/23	675268	IN	ENTRUST/90 DEGREE B	765.20-	765.20-			00/00/00	KAH	2
50200.000	08/28/23	675270	IN	ENTRUST/90 DEGREE B	726.69-	726.69-			00/00/00	KAH	2
50200.000	08/28/23	675272	IN	PRIORITY HEALTH	12952.45-	12952.45-			00/00/00	KAH	2
50200.000	08/28/23	675279	IN	CIGNA HEALTHCARE	718.36-	718.36-			00/00/00	KAH	2
50200.000	08/28/23	675294	IN	GALLAGHER BASSETT S	1111.02-	1111.02-			00/00/00	KAH	2
50200.000	08/28/23	675313	IN	VITORI HEALTH	1867.03-	1867.03-			00/00/00	KAH	2
50200.000	08/29/23	675402	IN	TRUSTMARK	232.78-	232.78-			00/00/00	KAH	2
50200.000	08/29/23	675468	IN	HUMANA - OUTPATIENT	.00	.00			00/00/00	KAH	2
50200.000	08/29/23	675491	IN	UNIQUE STAFF LEASIN	1192.55-	1192.55-			00/00/00	KAH	2
50200.000	08/29/23	675501	IN	WALMART CLAIMS SERV	327.00-	327.00-			00/00/00	KAH	2
50200.000	08/30/23	675534	IN	NMDP/ BE THE MATCH	821.00-	821.00-			00/00/00	KAH	2
50200.000	08/30/23	675538	IN	HUMANA	82.57-	82.57-			00/00/00	KAH	2
50200.000	08/31/23	675685	IN	DIRECT CARE ADMINIS	100.65-	100.65-			00/00/00	KAH	2
50200.000	08/31/23	675728	IN	AETNA U S HEALTHCAR	1528.36-	1528.36-			00/00/00	KAH	2
50200.000	08/31/23	675730	IN	AETNA	581.40-	581.40-			00/00/00	KAH	2
50200.000	08/18/23	674649	IN	CSI	.00	.00			00/00/00	MRP	2
50200.000	08/22/23	674469	IN	CIGNA HEALTHCARE	184.47-	184.47-			00/00/00	MRP	2
50200.000	08/22/23	674471	IN	VITORI	428.61-	428.61-			00/00/00	MRP	2
50200.000	08/22/23	674473	IN	VITORI -O/P	254.80-	254.80-			00/00/00	MRP	2
50200.000	08/22/23	674481	IN	MEDI-SHARE	53.10-	53.10-			00/00/00	MRP	2
50200.000	08/22/23	674508	IN	HUMANA	7556.00-	7556.00-			00/00/00	MRP	2
50200.000	08/22/23	674510	IN	PRIORITY HEALTH	1474.36-	1474.36-			00/00/00	MRP	2
50200.000	08/22/23	674512	IN	VITORI HEALTH	142.08-	142.08-			00/00/00	MRP	2
50200.000	08/22/23	674611	IN	VITORI -O/P	.00	.00			00/00/00	MRP	2
50200.000	08/23/23	674608	IN	VITORI -O/P	.00	.00			00/00/00	MRP	2
50200.000	08/23/23	674697	IN	TEXAS REHABILITATIO	2577.00-	2577.00-			00/00/00	MRP	2
50200.000	08/25/23	675167	IN	WESTERN UNITED LIFE	4266.89-	4266.89-			00/00/00	MRP	2
50200.000	08/09/23	673221	IN	CIGNA HEALTHCARE	279.37-	279.37-			00/00/00	RC	2
50200.000	08/09/23	673234	IN	CIGNA HEALTHCARE	97.59-	97.59-			00/00/00	RC	2
50200.000	08/16/23	673869	VI	CIGNA HEALTHCARE	151.70-	151.70-			00/00/00	RC	2
50200.000	08/21/23	674240	IN	TRIWEST VA CCN CLAI	485.00-	485.00-			00/00/00	RC	2
50200.000	08/21/23	674277	IN	CIGNA HEALTHCARE	100.40-	100.40-			00/00/00	RC	2
50200.000	08/17/23	673989	IN	CIGNA HEALTHCARE	270.76-	270.76-			00/00/00	RM	2
50200.000	08/17/23	673991	IN	CIGNA HEALTHCARE	671.62-	671.62-			00/00/00	RM	2
50200.000	08/17/23	673993	IN	CIGNA HEALTHCARE	210.52-	210.52-			00/00/00	RM	2
50200.000	08/17/23	673995	IN	CIGNA HEALTHCARE	5353.00-	5353.00-			00/00/00	RM	2
50200.000	08/17/23	673997	IN	CIGNA HEALTHCARE	149.09-	149.09-			00/00/00	RM	2
50200.000	08/17/23	673999	IN	CIGNA HEALTHCARE	1763.28-	1763.28-			00/00/00	RM	2
50200.000	08/17/23	674001	IN	CIGNA HEALTHCARE	171.11-	171.11-			00/00/00	RM	2
50200.000	08/17/23	674003	IN	CIGNA HEALTHCARE	111.87-	111.87-			00/00/00	RM	2

\*\*TOTAL\*\* 50200.000 COMMERCIAL INS. -ADJ -425037.17

50240.000 08/03/23 672652 VI [REDACTED] 10.00 10.00 00/00/00 PLB 2

RUN DATE: 09/07/23  
TIME: 13:34

MEMORIAL MEDICAL CENTER  
RECEIPTS FROM 08/01/23 TO 08/31/23

PAGE 133  
RCMREP

G/L NUMBER	RECEIPT PAY DATE	NUMBER	TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	COLL INIT	GL CODE	CASH ACCOUNT
50240.000	08/04/23	672651	VI		10.00	10.00			00/00/00	PLB		2
50240.000	08/04/23	672653	VI		10.00	10.00			00/00/00	PLB		2
**TOTAL** 50240.000 COUNTY INDIGENT COPAYS						10.00						
50410.000	08/18/23	673985	CK	TEXAS COMPTROLLER O	6937.00	6937.00			00/00/00	PLB		2
**TOTAL** 50410.000 GENERAL CONTRIBUTION-OTHER REV						6937.00						
50460.000	08/07/23	672867	CK	CENTENE CORPORATION	5205.37	5205.37			00/00/00	PLB		2
**TOTAL** 50460.000 RAPPS - OTHER REV						5205.37						
50510.000	08/14/23	673477	CA	CAFE	576.07	576.07			00/00/00	KAH		2
50510.000	08/14/23	673478	VI	CAFE	454.72	454.72			00/00/00	KAH		2
50510.000	08/14/23	673479	MC	CAFE	148.46	148.46			00/00/00	KAH		2
50510.000	08/14/23	673480	AE	CAFE	29.61	29.61			00/00/00	KAH		2
50510.000	08/14/23	673481	DS	CAFE	29.43	29.43			00/00/00	KAH		2
50510.000	08/29/23	675124	CA	CAFE	235.24	235.24			00/00/00	KAH		2
50510.000	08/29/23	675125	VI	CAFE	358.93	358.93			00/00/00	KAH		2
50510.000	08/29/23	675126	MC	CAFE	119.50	119.50			00/00/00	KAH		2
50510.000	08/29/23	675127	AE	CAFE	1.05	1.05			00/00/00	KAH		2
50510.000	08/29/23	675128	DS	CAFE	11.08	11.08			00/00/00	KAH		2
50510.000	08/30/23	675222	CA	CAFE	276.46	276.46			00/00/00	KAH		2
50510.000	08/30/23	675223	VI	CAFE	337.63	337.63			00/00/00	KAH		2
50510.000	08/30/23	675224	MC	CAFE	125.89	125.89			00/00/00	KAH		2
50510.000	08/30/23	675225	AE	CAFE	12.08	12.08			00/00/00	KAH		2
50510.000	08/30/23	675226	DS	CAFE	20.99	20.99			00/00/00	KAH		2
50510.000	08/01/23	672327	VI	CAFE	367.56	367.56			00/00/00	PLB		2
50510.000	08/01/23	672328	MC	CAFE	217.05	217.05			00/00/00	PLB		2
50510.000	08/01/23	672329	AE	CAFE	19.54	19.54			00/00/00	PLB		2
50510.000	08/01/23	672330	DS	CAFE	81.54	81.54			00/00/00	PLB		2
50510.000	08/01/23	672331	CA	CAFE	270.08	270.08			00/00/00	PLB		2
50510.000	08/02/23	672468	VI	CAFE	178.97	178.97			00/00/00	PLB		2
50510.000	08/02/23	672469	MC	CAFE	83.49	83.49			00/00/00	PLB		2
50510.000	08/02/23	672470	AE	CAFE	5.79	5.79			00/00/00	PLB		2
50510.000	08/02/23	672471	CA	CAFE	149.53	149.53			00/00/00	PLB		2
50510.000	08/03/23	672620	VI	CAFE	463.39	463.39			00/00/00	PLB		2
50510.000	08/03/23	672621	MC	CAFE	164.07	164.07			00/00/00	PLB		2
50510.000	08/03/23	672622	DS	CAFE	38.39	38.39			00/00/00	PLB		2
50510.000	08/03/23	672623	CA	CAFE	325.46	325.46			00/00/00	PLB		2
50510.000	08/04/23	672757	VI	CAFE	467.09	467.09			00/00/00	PLB		2
50510.000	08/04/23	672758	MC	CAFE	192.53	192.53			00/00/00	PLB		2
50510.000	08/04/23	672759	AE	CAFE	18.75	18.75			00/00/00	PLB		2
50510.000	08/04/23	672760	DS	CAFE	17.73	17.73			00/00/00	PLB		2
50510.000	08/04/23	672761	CA	CAFE	236.43	236.43			00/00/00	PLB		2
50510.000	08/07/23	672831	VI	CAFE	435.93	435.93			00/00/00	PLB		2
50510.000	08/07/23	672832	MC	CAFE	195.49	195.49			00/00/00	PLB		2
50510.000	08/07/23	672833	AE	CAFE	57.71	57.71			00/00/00	PLB		2
50510.000	08/07/23	672834	DS	CAFE	26.39	26.39			00/00/00	PLB		2
50510.000	08/07/23	672835	CA	CAFE	550.27	550.27			00/00/00	PLB		2
50510.000	08/08/23	672954	VI	CAFE	322.08	322.08			00/00/00	PLB		2
50510.000	08/08/23	672955	MC	CAFE	150.27	150.27			00/00/00	PLB		2
50510.000	08/08/23	672956	AE	CAFE	4.14	4.14			00/00/00	PLB		2



# MEMORIAL MEDICAL CENTER

*So Much... So Close!*


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

Date: 9/7/2023  
Invoice # 383  
For: Aug-23

Bill To:  
Calhoun County

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

Total \$ 4,166.67

  
Andrew De Los Santos  
Controller

APPROVED ON  
SEP 22 2023  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS



# PROSPERITY BANK®

Statement Date 8/31/2023  
 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

13541

### STATEMENT SUMMARY

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

08/01/2023	Beginning Balance			\$11,329.07
	2 Deposits/Other Credits		+	\$4,713.99
	7 Checks/Other Debits		-	\$10,542.31
08/31/2023	Ending Balance	31	Days in Statement Period	\$5,500.75
	Total Enclosures			8

### DEPOSITS/OTHER CREDITS

Date	Description	Amount
08/03/2023	Deposit	\$4,700.24
08/31/2023	Accr Earning Pymt Added to Account	\$13.75

### CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12603	08-14	\$4,166.67	12606	08-10	\$230.39	12610*	08-22	\$26.25
12604	08-14	\$31.78	12607	08-22	\$4,166.67			
12605	08-14	\$1,401.30	12608	08-22	\$519.25			

### DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
08-01	\$11,329.07	08-10	\$15,798.92	08-22	\$5,487.00
08-03	\$16,029.31	08-14	\$10,199.17	08-31	\$5,500.75

### EARNINGS SUMMARY

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

Interest Paid This Period	\$13.75	Annual Percentage Yield Earned	1.51 %
Interest Paid YTD	\$26.87	Days in Earnings Period	31
		Earnings Balance	\$10,791.04

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101351 : 01354101

MEMBER FDIC



NYSE Symbol "PB"