

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- October 19, 2022

by:DC

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

Citizens Medical Professional	187.49
Michelle M. Cummins MD	73.40
HEB Pharmacy (Medimpact) Pharmacy Reimbursement	75.95
MMCenter (In-patient \$0/ Out-patient \$7,360.85 / ER \$3,480.30)	10,841.15
Memorial Medical Clinic	0.00
Singleton Associates, PA	135.52

SUBTOTAL	11,313.51
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)	4,166.67
	Subtotal 15,480.18
Co-pays adjustments for September 2022	(50.00)
Reimbursement from Medicaid	0.00

TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	15,430.18
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APPROVED

OCT 19 2022

**CALHOUN COUNTY
COMMISSIONERS COURT**

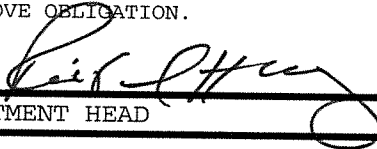
0000010/19/2022 CALHOUN COUNTY, TEXAS

DATE: 10/19/2022

CC Indigent Health Care

VENDOR # 852

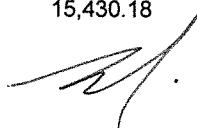
ACCOUNT NUMBER	DESCRIPTION OF GOODS OR SERVICES	QUANTITY	UNIT PRICE	TOTAL PRICE
1000-800-98722-999	Transfer to pay bills for Indigent Health Care approved by Commissioners Court on 10/19/2022			\$15,430.18
1000-001-46010	September 30, 2022 Interest			(\$1.53)
				\$15,428.65

<p>COUNTY AUDITOR APPROVAL ONLY</p> <p>APPROVED ON</p> <p>001142022</p> <p>BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS</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: </p> <p>10/14/2022</p> <p>DEPARTMENT HEAD</p> <p>DATE</p>
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©IHS
Issued 10/03/22

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 09/30/2022 through 10/01/2022
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	2,056.00	208.92
01-2	Physician Services- Anesthesia	1,105.00	187.49
02	Prescription Drugs	75.95	75.95
14	Mmc - Hospital Outpatient	17,871.01	7,360.85
15	Mmc - Er Bills	7,734.00	3,480.30
	Expenditures	28,872.12	11,343.67
	Reimb/Adjustments	-30.16	-30.16
	Grand Total	28,841.96	11,313.51
		EXPENSES	4,166.67
			15,480.18
		COPAYS	<50.00>
		TOTAL	15,430.18

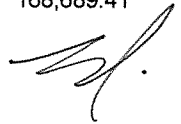


APPROVED
ON
OCT 14 2022
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

©IHS
Issued 10/03/22

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 02/01/2022 through 10/01/2022
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	17,623.80	1,766.52
01-2	Physician Services- Anesthesia	2,834.00	583.13
02	Prescription Drugs	628.21	622.87
08	Rural Health Clinics	3,976.00	3,244.43
13	Mmc - Inpatient Hospital	74,997.82	44,807.79
14	Mmc - Hospital Outpatient	77,098.04	32,049.46
15	Mmc - Er Bills	51,087.00	20,970.84
	Expenditures	228,553.48	104,353.65
	Reimb/Adjustments	-308.61	-308.61
	Grand Total	228,244.87	104,045.04
		EXPENSES	65,134.37
			169,179.41
		COPAYS	<490.00>
		TOTAL	168,689.41



MEMORIAL MEDICAL CENTER
CHECK REQUEST

 COPY

P CALHOUN COUNTY INDIGENT ACCOUNT

Date Requested: 10/6/22

A _____

Y _____

E _____

E _____

APPROVED ON

OCT 13 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

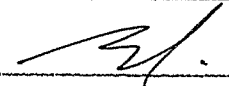
- Imprest Cash
- A/P Check
- Mail Check to Vendor
- Return Check to Dept

AMOUNT \$50.00

G/L NUMBER: 50240000

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

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 

RUN DATE: 10/06/22
 TIME: 09:44

MEMORIAL MEDICAL CENTER
 RECEIPTS FROM 09/01/22 TO 09/30/22

PAGE 119
 RCMREP

G/L NUMBER	RECEIPT DATE	PAY NUMBER	TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	COLL INIT	GL CODE	CASH ACCOUNT
50200.000	09/13/22	640605	IN	CIGNA HEALTHCARE	12157.00-	12157.00-			00/00/00	PGC		2
50200.000	09/19/22	641200	IN	HUMANA	85.58-	85.58-			00/00/00	PGC		2
50200.000	09/20/22	641235	IN	CIGNA HEALTHCARE	76.40-	76.40-			00/00/00	PGC		2
50200.000	09/20/22	641328	IN	HUMANA	76.13-	76.13-			00/00/00	PGC		2
50200.000	09/21/22	641437	IN	AETNA TRS CARE	67.49-	67.49-			00/00/00	PGC		2
50200.000	09/21/22	641445	IN	CIGNA HEALTHCARE	114.06-	114.06-			00/00/00	PGC		2
50200.000	09/22/22	641482	IN	CIGNA HEALTHCARE	26.75-	26.75-			00/00/00	PGC		2
50200.000	09/22/22	641488	IN	AETNA TRS CARE	145.52-	145.52-			00/00/00	PGC		2
50200.000	09/28/22	642160	IN	CIGNA HEALTHCARE	163.78-	163.78-			00/00/00	PGC		2
50200.000	09/28/22	642183	IN	CIGNA HEALTHCARE	163.50-	163.50-			00/00/00	PGC		2
50200.000	09/09/22	640350	IN	US HEALTH GROUP	624.83-	624.83-			00/00/00	RC		2
50200.000	09/20/22	641347	IN	GPA	2137.31-	2137.31-			00/00/00	RC		2
50200.000	09/22/22	641605	IN	GOLDEN RULE	26.00-	26.00-			00/00/00	RC		2
50200.000	09/30/22	642618	IN	INTERNATIONAL BENEF	175.15-	175.15-			00/00/00	RC		2
50200.000	09/30/22	642628	IN	INTERNATIONAL BENEF	72.15-	72.15-			00/00/00	RC		2
50200.000	09/20/22	641287	IN	CIGNA HEALTHCARE	148.30-	148.30-			00/00/00	TS		2
TOTAL 50200.000 COMMERCIAL INS. -ADJ						-470613.86						
50240.000	09/30/22	642408	VI		10.00	10.00			00/00/00	GEM		2
50240.000	09/08/22	640080	CA		10.00	10.00			00/00/00	PLB		2
50240.000	09/14/22	640676	VI		10.00	10.00			00/00/00	PLB		2
50240.000	09/14/22	640677	VI		10.00	10.00			00/00/00	PLB		2
50240.000	09/15/22	640667	CA		10.00	10.00			00/00/00	PLB		2
50240.000	09/15/22	640668	CA		10.00	10.00			00/00/00	PLB		2
50240.000	09/15/22	640669	VI		10.00	10.00			00/00/00	PLB		2
50240.000	09/15/22	640670	VI		10.00	10.00			00/00/00	PLB		2
50240.000	09/15/22	640672	CA		10.00-	10.00-			00/00/00	PLB		2
50240.000	09/15/22	640673	CA		10.00-	10.00-			00/00/00	PLB		2
50240.000	09/15/22	640674	VI		10.00-	10.00-			00/00/00	PLB		2
50240.000	09/15/22	640675	VI		10.00-	10.00-			00/00/00	PLB		2
50240.000	09/19/22	641124	VI		10.00	10.00			00/00/00	PLB		2
TOTAL 50240.000 COUNTY INDIGENT COPAYS						50.00						
50410.000	09/23/22	641651	CK	TEXAS COMPTROLLER O	25786.26	25786.26			00/00/00	PLB		2
TOTAL 50410.000 GENERAL CONTRIBUTION-OTHER REV						25786.26						
50420.000	09/12/22	640372	CK	MMC VOLUNTEERS	100.00	100.00			00/00/00	KAH		2
TOTAL 50420.000 GIVING TREE DONATION-OTHER REV						100.00						
50460.000	09/28/22	642294	IN	UHC	2418.83	2418.83			00/00/00	KAH		2
TOTAL 50460.000 RAPPS - OTHER REV						2418.83						
50510.000	09/12/22	640377	CA	CAFE	333.08	333.08			00/00/00	KAH		2
50510.000	09/12/22	640378	VI	CAFE	372.98	372.98			00/00/00	KAH		2
50510.000	09/12/22	640379	MC	CAFE	199.80	199.80			00/00/00	KAH		2
50510.000	09/12/22	640380	DS	CAFE	66.14	66.14			00/00/00	KAH		2
50510.000	09/12/22	640381	AE	CAFE	11.34	11.34			00/00/00	KAH		2
50510.000	09/12/22	640382	VI	CURBSIDE	33.40	33.40			00/00/00	KAH		2
50510.000	09/12/22	640383	MC	CURBSIDE	34.70	34.70			00/00/00	KAH		2

RUN DATE: 10/03/22
TIME: 10:35

MEMORIAL MEDICAL CENTER
RECEIPTS FROM 09/01/22 TO 09/30/22

PAGE 113
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	09/30/22	642408			10.00	10.00			00/00/00	GEM	2
50240.000	09/08/22	640080			10.00	10.00			00/00/00	PLB	2
50240.000	09/14/22	640676			10.00	10.00			00/00/00	PLB	2
50240.000	09/14/22	640677			10.00	10.00			00/00/00	PLB	2
50240.000	09/15/22	640667			10.00	10.00			00/00/00	PLB	2
50240.000	09/15/22	640668			10.00	10.00			00/00/00	PLB	2
50240.000	09/15/22	640669			10.00	10.00			00/00/00	PLB	2
50240.000	09/15/22	640670			10.00	10.00			00/00/00	PLB	2
50240.000	09/15/22	640672			10.00-	10.00-			00/00/00	PLB	2
50240.000	09/15/22	640673			10.00-	10.00-			00/00/00	PLB	2
50240.000	09/15/22	640674			10.00-	10.00-			00/00/00	PLB	2
50240.000	09/15/22	640675			10.00-	10.00-			00/00/00	PLB	2
50240.000	09/19/22	641124			10.00	10.00			00/00/00	PLB	2

TOTAL 50240.000 COUNTY INDIGENT COPAYS

50.00



MEMORIAL MEDICAL CENTER

So Much... So Close!

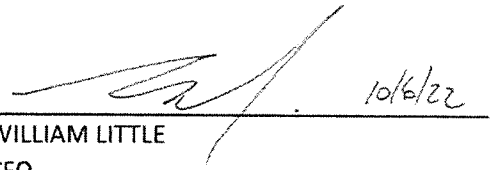
815 N. Virginia St. Port Lavaca, Texas 77979 (361) 552-6713

Date: 10/6/2022
Invoice # 374
For: Sep-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
OCT 14 2022
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS



PROSPERITY BANK®

Statement Date 9/30/2022
 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

13301

STATEMENT SUMMARY

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

09/01/2022	Beginning Balance			\$10,435.47
	2 Deposits/Other Credits	+		\$6,925.04
	5 Checks/Other Debits	-		\$5,006.58
09/30/2022	Ending Balance		30 Days in Statement Period	\$12,353.93
	Total Enclosures			6

DEPOSITS/OTHER CREDITS

Date	Description	Amount
09/06/2022	Deposit	\$6,923.51
09/30/2022	Accr Earning Pymt Added to Account	\$1.53

July/Aug. & Copays

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12545	09-01	\$58.60	12549*	09-01	\$4,166.67	12554	09-09	\$99.17
12546	09-01	\$66.33	12553*	09-06	\$615.81			

DAILY ENDING BALANCE

Date	Balance	Date	Balance
09-01	\$6,143.87	09-09	\$12,352.40
09-06	\$12,451.57	09-30	\$12,353.93

EARNINGS SUMMARY

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

Interest Paid This Period	\$1.53	Annual Percentage Yield Earned	0.16 %
Interest Paid YTD	\$20.36	Days in Earnings Period	30
		Earnings Balance	\$11,327.56

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101161 : 01330101

MEMBER FDIC



NYSE Symbol "PB"