

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- November 16, 2022

by:CT

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

HEB Pharmacy (Medimpact) Pharmacy Reimbursement	14.33
MMCcenter (In-patient \$0/ Out-patient \$85.60 / ER \$0)	85.60
Memorial Medical Clinic	120.00

SUBTOTAL	219.93
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)	4,166.67
Subtotal	4,386.60
Co-pays adjustments for October 2022	0.00
Reimbursement from Medicaid	0.00

TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	4,386.60
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APPROVED

NOV 16 2022

**CALHOUN COUNTY
COMMISSIONERS COURT**

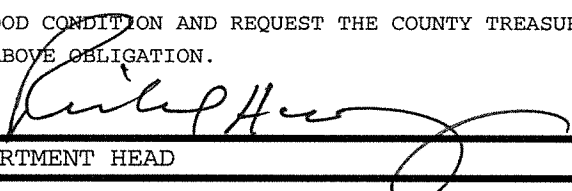
0000011/16/2022 CALHOUN COUNTY, TEXAS

DATE: 11/16/2022

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 11/16/2022			\$4,386.60
1000-001-46010	October 31, 2022 Interest			(\$1.95)
				\$4,384.65


COUNTY AUDITOR APPROVAL ONLY APPROVED ON NOV 16 2022 BY CALHOUN COUNTY AUDITOR	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:  11/16/2022 DEPARTMENT HEAD DATE
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
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Issued 11/10/22

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 11/01/2022 through 11/01/2022
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
02	Prescription Drugs	14.33	14.33
08	Rural Health Clinics	120.00	120.00
14	Mmc - Hospital Outpatient	163.00	85.60
	Expenditures	297.33	219.93
	Reimb/Adjustments		
	Grand Total	297.33	219.93

Expenses \$4,166.67
Co-Pays <\$ 0.00>
Total \$4,386.60


11.10.22


APPROVED
ON
NOV 10 2022
BY 
CALHOUN COUNTY AUDITOR

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Issued 11/10/22

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 02/01/2022 through 11/01/2022
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	642.54	637.20
08	Rural Health Clinics	4,096.00	3,364.43
13	Mmc - Inpatient Hospital	74,997.82	44,807.79
14	Mmc - Hospital Outpatient	77,261.04	32,135.06
15	Mmc - Er Bills	51,087.00	20,970.84
	Expenditures	228,850.81	104,573.58
	Reimb/Adjustments	-308.61	-308.61
	Grand Total	228,542.20	104,264.97

Expenses \$ 69,303.71
\$173,568.68
Co-Pays <\$ 490.00>
Total \$173,076.01

 11.10.22

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	0	1	1	6	1
September	0	1	2	4	1
October	0	0	1	3	1
November					
December					

YTD

Monthly Avg	0	0	1	6	3
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December 2021 Active 6

Number of Charity patients 204
 Number of Charity patients below **50% FPL** 75
 Number of Charity patients who meet State Indigent Guidelines 48

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	2	8	0	59	\$16,358.00
September	1	5	0	60	\$10,241.00
October	2	4	0	62	\$24,078.00
November					
December					

YTD PATIENT SAVINGS \$211,210.00

Monthly Avg 4 5 - 50 \$21,121.00

December 2021 Active 26

[Signature]
11/7/22

MEMORIAL MEDICAL CENTER

So Much... So Close!


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


Date: 11/8/2022
Invoice # 375
For: Oct-22

Bill To:
Calhoun County

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

Total \$ 4,166.67


ROSHANDA THOMAS
CEO

APPROVED
ON
NOV 16 2022
BY 
CALHOUN COUNTY AUDITOR



PROSPERITY BANK®

Statement Date 10/31/2022

Account No ****4551

Page 1 of 3

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

13287

STATEMENT SUMMARY

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

10/01/2022	Beginning Balance			\$12,353.93
	4 Deposits/Other Credits	+		\$27,754.11
	13 Checks/Other Debits	-		\$34,205.42
10/31/2022	Ending Balance		31 Days in Statement Period	\$5,902.62
	Total Enclosures			16

DEPOSITS/OTHER CREDITS

Date	Description	Amount
10/11/2022	Deposit	\$27,632.16 <i>Aug</i>
10/17/2022	Deposit	\$70.00 <i>Aug</i>
10/25/2022	Deposit	\$50.00 <i>Sep</i>
10/31/2022	Accr Earning Pymt Added to Account	\$1.95

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12555	10-17	\$104.87	12560	10-19	\$239.64	12565	10-12	\$22,640.42
12556	10-12	\$4,166.67	12561	10-14	\$47.85	12566	10-12	\$200.00
12557	10-12	\$78.86	12562	10-17	\$135.06	12568*	10-19	\$76.45
12558	10-12	\$1,471.00	12563	10-12	\$4,166.67			
12559	10-12	\$815.81	12564	10-12	\$62.12			

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
10-01	\$12,353.93	10-14	\$6,336.69	10-25	\$5,900.67
10-11	\$39,986.09	10-17	\$6,166.76	10-31	\$5,902.62
10-12	\$6,384.54	10-19	\$5,850.67		

EARNINGS SUMMARY

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

Interest Paid This Period	\$1.95	Annual Percentage Yield Earned	0.25 %
Interest Paid YTD	\$22.31	Days in Earnings Period	31
		Earnings Balance	\$9,162.80

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102331 : 01328701



MEMBER FDIC



NYSE Symbol "PB"