

**MEMORIAL MEDICAL CENTER**

**COMMISSIONERS COURT APPROVAL LIST FOR --- November 22, 2023**

by:DC

**INDIGENT HEALTHCARE FUND:**

**INDIGENT EXPENSES**

HEB Pharmacy (Medimpact) Pharmacy Reimbursement	34.71
MMCenter (In-patient \$0/ Out-patient \$1,191.30 / ER \$0)	1,191.30
Memorial Medical Clinic	80.00
<b>SUBTOTAL</b>	<b>1,306.01</b>
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)	<b>4,166.67</b>
Subtotal	5,472.68
Co-pays adjustments for October 2023	(20.00)
Reimbursement from Medicaid	0.00
<b>TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES</b>	<b>5,452.68</b>

**APPROVED**

NOV 22 2023

**CALHOUN COUNTY  
COMMISSIONERS COURT**

800 00000011/22/2023 01 CALHOUN COUNTY, TEXAS

DATE: 11/16/2023  
 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 11/22/2023			\$5,452.68
1000-001-46010	October 31, 2023 Interest			(\$15.99)
				\$5,436.69

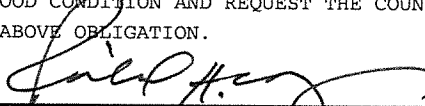
COUNTY AUDITOR APPROVAL ONLY

APPROVED ON

NOV 17 2023

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:  11/16/2023

BY COUNTY AUDITOR  
 CALHOUN COUNTY, TEXAS


DEPARTMENT HEAD DATE

©IHS  
Issued 11/09/23

**Source Totals Report**  
Calhoun Indigent Health Care  
Batch Dates 11/01/2023 through 11/01/2023  
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
02	Prescription Drugs	34.71	34.71
08	Rural Health Clinics	80.00	80.00
14	Mmc - Hospital Outpatient	2,165.00	1,191.30
	<b>Expenditures</b>	2,287.71	1,314.01
	<b>Reimb/Adjustments</b>	-8.00	-8.00
	<b>Grand Total</b>	<b>2,279.71</b>	<b>1,306.01</b>

Expenses	4,166.67
Co-Pays	< 20.00 >
	<u>5,452.68</u>

  
11/10/2023

APPROVED ON

NOV 15 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

©IHS  
Issued 11/09/23


**Source Totals Report**  
Calhoun Indigent Health Care  
Batch Dates 02/01/2023 through 11/01/2023  
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	261.63	261.63
08	Rural Health Clinics	753.00	591.62
14	Mmc - Hospital Outpatient	21,619.01	10,610.50
15	Mmc - Er Bills	7,794.00	3,511.80
	<b>Expenditures</b>	<b>33,526.87</b>	<b>15,334.46</b>
	<b>Reimb/Adjustments</b>	<b>-39.23</b>	<b>-39.23</b>
	<b>Grand Total</b>	<b>33,487.64</b>	<b>15,295.23</b>

Expenses 41,667.70

Co-Pays < 110.00 >

56,852.93

  
11/10/23

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P CALHOUN COUNTY INDIGENT ACCOUNT

Date Requested: 11/7/23

A \_\_\_\_\_

Y \_\_\_\_\_

E \_\_\_\_\_

E \_\_\_\_\_

FOR ACCT. USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

APPROVED ON

NOV 13 2023


BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

G/L NUMBER: 50240000

AMOUNT \$20.00

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

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

RUN DATE: 11/07/23  
 TIME: 08:37

MEMORIAL MEDICAL CENTER  
 RECEIPTS FROM 10/01/23 TO 10/31/23

PAGE 160  
 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	10/11/23	679077	VI	[REDACTED]	10.00	10.00			00/00/00	PLB		2
50240.000	10/18/23	679843	VI	[REDACTED]	10.00	10.00			00/00/00	PLB		2
**TOTAL** 50240.000 COUNTY INDIGENT COPAYS						20.00						
50460.000	10/11/23	679055	CK	CENTENE MANAGEMENT	5232.12	5232.12			00/00/00	PLB		2
**TOTAL** 50460.000 RAPPS - OTHER REV						5232.12						
50510.000	10/02/23	677908	CA	CAFE	478.36	478.36			00/00/00	KAH		2
50510.000	10/02/23	677909	VI	CAFE	520.93	520.93			00/00/00	KAH		2
50510.000	10/02/23	677910	MC	CAFE	336.39	336.39			00/00/00	KAH		2
50510.000	10/02/23	677911	AE	CAFE	10.45	10.45			00/00/00	KAH		2
50510.000	10/02/23	677912	DS	CAFE	105.59	105.59			00/00/00	KAH		2
50510.000	10/19/23	679849	CA	CAFE	296.26	296.26			00/00/00	KAH		2
50510.000	10/19/23	679850	OT	CAFE	75.41	75.41			00/00/00	KAH		2
50510.000	10/19/23	679851	VI	CAFE	202.92	202.92			00/00/00	KAH		2
50510.000	10/19/23	679852	MC	CAFE	88.38	88.38			00/00/00	KAH		2
50510.000	10/19/23	679853	AE	CAFE	3.13	3.13			00/00/00	KAH		2
50510.000	10/19/23	679854	DS	CAFE	12.37	12.37			00/00/00	KAH		2
50510.000	10/30/23	680881	CA	CAFE	325.65	325.65			00/00/00	KAH		2
50510.000	10/30/23	680882	OT	CAFE	44.57	44.57			00/00/00	KAH		2
50510.000	10/30/23	680883	VI	CAFE	574.04	574.04			00/00/00	KAH		2
50510.000	10/30/23	680884	MC	CAFE	121.94	121.94			00/00/00	KAH		2
50510.000	10/30/23	680885	AE	CAFE	11.89	11.89			00/00/00	KAH		2
50510.000	10/30/23	680886	DS	CAFE	64.01	64.01			00/00/00	KAH		2
50510.000	10/03/23	678096	VI	CAFE	276.80	276.80			00/00/00	PLB		2
50510.000	10/03/23	678097	MC	CAFE	167.71	167.71			00/00/00	PLB		2
50510.000	10/03/23	678098	DS	CAFE	11.89	11.89			00/00/00	PLB		2
50510.000	10/03/23	678099	OT	CAFE	38.17	38.17			00/00/00	PLB		2
50510.000	10/03/23	678100	CA	CAFE	292.06	292.06			00/00/00	PLB		2
50510.000	10/04/23	678242	VI	CAFE	306.37	306.37			00/00/00	PLB		2
50510.000	10/04/23	678243	MC	CAFE	186.83	186.83			00/00/00	PLB		2
50510.000	10/04/23	678244	AE	CAFE	16.92	16.92			00/00/00	PLB		2
50510.000	10/04/23	678245	DS	CAFE	34.56	34.56			00/00/00	PLB		2
50510.000	10/04/23	678246	OT	CAFE	176.38	176.38			00/00/00	PLB		2
50510.000	10/04/23	678247	CA	CAFE	362.03	362.03			00/00/00	PLB		2
50510.000	10/04/23	678251	VI	CAFE	306.37-	306.37-			00/00/00	PLB		2
50510.000	10/04/23	678252	MC	CAFE	186.83-	186.83-			00/00/00	PLB		2
50510.000	10/04/23	678253	AE	CAFE	16.92-	16.92-			00/00/00	PLB		2
50510.000	10/04/23	678254	DS	CAFE	34.56-	34.56-			00/00/00	PLB		2
50510.000	10/04/23	678255	OT	CAFE	176.38-	176.38-			00/00/00	PLB		2
50510.000	10/04/23	678256	CA	CAFE	362.03-	362.03-			00/00/00	PLB		2
50510.000	10/04/23	678258	VI	CAFE	306.37	306.37			00/00/00	PLB		2
50510.000	10/04/23	678259	MC	CAFE	186.83	186.83			00/00/00	PLB		2
50510.000	10/04/23	678260	AE	CAFE	16.92	16.92			00/00/00	PLB		2
50510.000	10/04/23	678261	DS	CAFE	34.56	34.56			00/00/00	PLB		2
50510.000	10/04/23	678262	OT	CAFE	176.38	176.38			00/00/00	PLB		2
50510.000	10/04/23	678263	CA	CAFE	343.68	343.68			00/00/00	PLB		2
50510.000	10/05/23	678428	VI	CAFE	328.25	328.25			00/00/00	PLB		2
50510.000	10/05/23	678429	MC	CAFE	258.14	258.14			00/00/00	PLB		2
50510.000	10/05/23	678430	DS	CAFE	49.04	49.04			00/00/00	PLB		2
50510.000	10/05/23	678431	OT	CAFE	165.58	165.58			00/00/00	PLB		2

# MEMORIAL MEDICAL CENTER

*So Much... So Close!*


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

Date: 11/7/2023  
Invoice # 389  
For: Oct-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

NOV 15 2023

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

### 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	0	2	0	4	8
October	0	8	0	4	4
November					
December					
<b>YTD</b>	<b>6</b>	<b>28</b>	<b>4</b>	<b>31</b>	<b>54</b>
<b>Monthly Avg</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>5</b>

December 2022 Active 1

Number of Charity patients 218  
 Number of Charity patients below 50% FPL 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	5	4	0	32	\$2,954.67
October	0	0	0	33	\$0.00
November					
December					
<b>YTD PATIENT SAVINGS</b>					<b>\$50,776.60</b>

Monthly Avg 2 7 - 23 \$5,077.66

December 2022 Active 55





# PROSPERITY BANK®

Statement Date 10/31/2023  
 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

13435

### STATEMENT SUMMARY

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

10/01/2023	Beginning Balance		\$12,534.91
	3 Deposits/Other Credits	+	\$75.99
	0 Checks/Other Debits	-	\$0.00
10/31/2023	Ending Balance	31 Days in Statement Period	\$12,610.90
	Total Enclosures		2

### DEPOSITS/OTHER CREDITS

Date	Description	Amount
10/19/2023	Deposit	\$10.00 <i>Aug/Sept copays</i>
10/25/2023	Deposit	\$50.00 <i>Sept/Oct</i>
10/31/2023	Accr Earning Pymt Added to Account	\$15.99 <i>Copays</i>

### DAILY ENDING BALANCE

Date	Balance	Date	Balance
10-01	\$12,534.91	10-25	\$12,594.91
10-19	\$12,544.91	10-31	\$12,610.90

### EARNINGS SUMMARY

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

Interest Paid This Period	\$15.99	Annual Percentage Yield Earned	1.51 %
Interest Paid YTD	\$54.11	Days in Earnings Period	31
		Earnings Balance	\$12,550.39

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