

**MEMORIAL MEDICAL CENTER**

**COMMISSIONERS COURT APPROVAL LIST FOR --- December 14, 2022**

by:DC

**INDIGENT HEALTHCARE FUND:**

**INDIGENT EXPENSES**

HEB Pharmacy (Medimpact) Pharmacy Reimbursement	15.22
MMCenter (In-patient \$0/ Out-patient \$2,097.90 / ER \$0)	2,097.90
Memorial Medical Clinic	27.00
Singleton Associates, PA	65.76

<b>SUBTOTAL</b>	<b>2,205.88</b>
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)	<b>4,166.67</b>
	Subtotal 6,372.55
Co-pays adjustments for November 2022	(10.00)
Reimbursement from Medicaid	0.00

<b>TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES</b>	<b>6,362.55</b>
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**APPROVED**

**DEC 14 2022**

**CALDWELL COUNTY  
COMMISSIONERS COURT**

0000012/14/2022 CALHOUN COUNTY, TEXAS

DATE: 12/14/2022

VENDOR # 852

CC Indigent Health Care

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 12/14/2022			\$6,362.55
1000-001-46010	November 30, 2022 Interest			(\$2.66)
				\$6,359.89

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.

APPROVED ON  
DEC 13 2022

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:  12/13/2022

BY COUNTY AUDITOR

DEPARTMENT HEAD

DATE

CALHOUN COUNTY, TEXAS

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Issued 12/07/22

**Source Totals Report**  
Calhoun Indigent Health Care  
Batch Dates 12/01/2022 through 12/01/2022  
For Source Group Indigent Health Care  
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	1,162.00	65.76
02	Prescription Drugs	15.22	15.22
08	Rural Health Clinics	27.00	27.00
14	Mmc - Hospital Outpatient	4,662.00	2,097.90
	<b>Expenditures</b>	<b>5,866.22</b>	<b>2,205.88</b>
	<b>Reimb/Adjustments</b>		
	<b>Grand Total</b>	<b>5,866.22</b>	<b>2,205.88</b>

Expenses \$4,166.67

Co-Pays < \$10.00 >

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Total \$6,362.55

*Richard S. Thomas*  
12/8/22

APPROVED  
ON  
DEC 13 2022  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

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Issued 12/07/22

**Source Totals Report**  
Calhoun Indigent Health Care  
Batch Dates 02/01/2022 through 12/01/2022  
For Source Group Indigent Health Care  
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	18,785.80	1,832.28
01-2	Physician Services- Anesthesia	2,834.00	583.13
02	Prescription Drugs	657.76	652.42
08	Rural Health Clinics	4,123.00	3,391.43
13	Mmc - Inpatient Hospital	74,997.82	44,807.79
14	Mmc - Hospital Outpatient	81,923.04	34,232.96
15	Mmc - Er Bills	51,087.00	20,970.84
	<b>Expenditures</b>	<b>234,717.03</b>	<b>106,779.46</b>
	<b>Reimb/Adjustments</b>	<b>-308.61</b>	<b>-308.61</b>
	<b>Grand Total</b>	<b>234,408.42</b>	<b>106,470.85</b>

Expenses \$75,666.26

\$182,137.11

Co-Pays < \$500.00 >

Total \$181,637.11

*Roshane S. Thomas*  
12/8/22

**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	0	2	0	3	7
December		1			

YTD

Monthly Avg	0	1	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					
November					
December					

YTD PATIENT SAVINGS \$187,132.00

Monthly Avg	5	5	-	49	\$20,792.44
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December 2021 Active 26

RUN DATE: 12/06/22  
TIME: 12:05

MEMORIAL MEDICAL CENTER  
RECEIPTS FROM 11/01/22 TO 11/30/22

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RCMREP

G/L	RECEIPT PAY				CASH	RECEIPT		DISC	COLL GL CASH	
NUMBER	DATE	NUMBER	TYPE	PAYER	AMOUNT	AMOUNT	NUMBER	NAME	DATE	INIT CODE ACCOUNT

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50240.000	11/08/22	646081	CA	[REDACTED]	10.00	10.00			00/00/00	KAH	2
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\*\*TOTAL\*\* 50240.000 COUNTY INDIGENT COPAYS 10.00

# MEMORIAL MEDICAL CENTER

*So Much... So Close!*


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

Date: 12/8/2022  
Invoice # 376  
For: Nov-22

Bill To:  
Calhoun County

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

Total \$ 4,166.67 ✓

 12/8/22  
ANDREW DE LOS SANTOS  
CONTROLLER



APPROVED  
ON

DEC 13 2022

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS



# PROSPERITY BANK®

Statement Date 11/30/2022  
Account No \*\*\*\*4551

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

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### STATEMENT SUMMARY

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

11/01/2022	Beginning Balance			\$5,902.62
	2 Deposits/Other Credits	+		\$15,431.31
	6 Checks/Other Debits	-		\$15,760.63
11/30/2022	Ending Balance		30 Days in Statement Period	\$5,573.30
	Total Enclosures			7

### DEPOSITS/OTHER CREDITS

Date	Description	Amount
11/04/2022	Deposit	\$15,428.65
11/30/2022	Accr Earning Pymt Added to Account	\$2.66

### CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12567	11-10	\$353.85	12571	11-18	\$4,166.67	12573	11-18	\$10,841.15
12570*	11-23	\$187.49	12572	11-18	\$75.95	12575*	11-29	\$135.52

### DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
11-01	\$5,902.62	11-18	\$5,893.65	11-30	\$5,573.30
11-04	\$21,331.27	11-23	\$5,706.16		
11-10	\$20,977.42	11-29	\$5,570.64		

### EARNINGS SUMMARY

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

Interest Paid This Period	\$2.66	Annual Percentage Yield Earned	0.25 %
Interest Paid YTD	\$24.97	Days in Earnings Period	30
		Earnings Balance	\$12,945.38

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