

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ----December 20, 2023

by:CT

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

HEB Pharmacy (Medimpact) Pharmacy Reimbursement	34.37
SUBTOTAL	34.37
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)	4,166.67
Subtotal	4,201.04
Co-pays adjustments for November 2023	0.00
Reimbursement from Medicaid	0.00
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	4,201.04

APPROVED

DEC 20 2023


**CALHOUN COUNTY
COMMISSIONERS COURT**

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Issued 12/11/23

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 12/01/2023 through 12/01/2023
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
02	Prescription Drugs	34.37	34.37
	Expenditures	49.55	49.55
	Reimb/Adjustments	-15.18	-15.18
	Grand Total	34.37	34.37
	Expenses		4166.67
	Co-Pays		< 0.00 >
			<u>4,201.04</u>

APPROVED ON
DEC 20 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS


12/13/23


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Issued 12/11/23

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 02/01/2023 through 12/01/2023
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	296.00	296.00
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
	Expenditures	33,576.42	15,384.01
	Reimb/Adjustments	-54.41	-54.41
	Grand Total	33,522.01	15,329.60

Expenses 45,834.37
Co-Pays < 110.00>

61,053.97


12/13/23

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	0	2	0	4	4
December					
YTD	6	30	4	35	58
Monthly Avg	1	3	0	3	5

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 120

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	5	5	0	34	\$5,656.02
December					
YTD PATIENT SAVINGS					\$56,432.62

Monthly Avg 2 7 - 24 \$5,130.24

December 2022 Active 55

MEMORIAL MEDICAL CENTER

So Much... So Close!

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

Date: 12/4/2023
Invoice # 390
For: Nov-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 12/4/23
Andrew De Los Santos
Controller

APPROVED ON
DEC 20 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS



PROSPERITY BANK®

Statement Date 11/30/2023
 Account No ****4551
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THE COUNTY OF CALHOUN TEXAS
 CAL CO INDIGENT HEALTHCARE
 202 S ANN ST STE A
 PORT LAVACA TX 77979

13258

STATEMENT SUMMARY		Public Fund Contractual Ckg w Int Account No ****4551	
11/01/2023	Beginning Balance		\$12,610.90
	3 Deposits/Other Credits	+	\$7,794.71
	3 Checks/Other Debits	-	\$7,048.37
11/30/2023	Ending Balance	30 Days in Statement Period	\$13,357.24
	Total Enclosures		5

DEPOSITS/OTHER CREDITS		
Date	Description	Amount
11/01/2023	Deposit	\$7,757.99
11/16/2023	Deposit	\$20.00
11/30/2023	Accr Earning Pymt Added to Account	\$16.72

*Sept 10
Oct copy*

CHECKS								
Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12615	11-02	\$4,166.67	12616	11-02	\$2,812.50	12617	11-02	\$69.20

DAILY ENDING BALANCE			
Date	Balance	Date	Balance
11-01	\$20,368.89	11-16	\$13,340.52
11-02	\$13,320.52	11-30	\$13,357.24

EARNINGS SUMMARY			
** Below is an itemization of the Earnings paid this period. **			
Interest Paid This Period	\$16.72	Annual Percentage Yield Earned	1.51 %
Interest Paid YTD	\$70.83	Days in Earnings Period	30
		Earnings Balance	\$13,565.47

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