

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- October 27, 2021

by:DC

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

MMCenter (In-patient \$0/ Out-patient \$1,297.60/ ER \$420.48)	***	0.08
SUBTOTAL		0.08
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		0.00
	Subtotal	0.08
Co-pays adjustments for September 2021		0.00
Reimbursement from Medicaid		0.00

TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	0.08
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Total was incorrect when submitted to court on 10/20/2021

***Total was entered as \$1718.00 instead of \$1718.08

000010/27/2021 CALHOUN COUNTY, TEXAS

DATE: 10/27/2021
 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 10/27/2021			\$0.08
1000-001-46010				\$0.00
				\$0.08

COUNTY AUDITOR APPROVAL ONLY

APPROVED ON 20th OCT 2021

BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

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: *[Signature]* 10/20/2021
 DEPARTMENT HEAD DATE