

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- November 17, 2021

by: CT

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

HEB Pharmacy (Medimpact) Pharmacy Reimbursement	33.93
MMCenter (In-patient \$0/ Out-patient \$6,515.54/ ER \$1,014.72)	7,530.26
Victoria Anesthesiology Assoc	468.73
SUBTOTAL	8,032.92
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)	4,166.67
Subtotal	12,199.59
Co-pays adjustments for October 2021	(20.00)
Reimbursement from Medicaid	0.00
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	12,179.59

APPROVED

NOV 17 2021

**CALHOUN COUNTY
COMMISSIONERS COURT**

000011/17/2021 CALHOUN COUNTY, TEXAS

DATE: 11/17/2021
 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 11/17/2021			\$12,179.59
1000-001-46010	October 31, 2021 Interest			(\$0.85)
				\$12,178.74

COUNTY AUDITOR APPROVAL ONLY

APPROVED ON NOV 10 2021 BY [Signature] 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: [Signature] 11/17/2021
 DEPARTMENT HEAD DATE

©IHS
Issued 11/02/21

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 10/31/2021 through 11/01/2021
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01-2	Physician Services- Anesthesia	1,716.00	468.73 ✓
02	Prescription Drugs	33.93	33.93 ✓
14	Mmc - Hospital Outpatient	20,252.02	6,515.54 ✓
15	Mmc - Er Bills	3,171.00	1,014.72 ✓
	Expenditures	25,180.95	8,040.92
	Reimb/Adjustments	-8.00	-8.00
	Grand Total	25,172.95	8,032.92
		EXPENSES	4,166.67
			12,199.59
		COPAYS	<20.00>
		TOTAL	12,179.59 ✓

APPROVED
ON

NOV 10 2021

BY 
CALHOUN COUNTY AUDITOR

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 Issued 11/02/21

Source Totals Report
 Calhoun Indigent Health Care
 Batch Dates 02/01/2021 through 11/01/2021
 For Source Group Indigent Health Care
 For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	23,599.00	2,309.91
01-2	Physician Services- Anesthesia	4,758.00	1,215.52
02	Prescription Drugs	904.15	904.15
05	Lab/X-Ray	11,719.15	135.25
08	Rural Health Clinics	5,219.00	5,001.57
13	Mmc - Inpatient Hospital	71,611.19	25,653.50
14	Mmc - Hospital Outpatient	117,330.11	37,740.28
15	Mmc - Er Bills	28,239.00	9,036.48
	Expenditures	263,723.65	82,340.71
	Reimb/Adjustments	-344.05	-344.05
	Grand Total	263,379.60	81,996.66
		EXPENSES	41,666.70
			123,663.36
		COPAYS	<710.00>
		TOTAL	122,953.36

MEMORIAL MEDICAL CENTER

So Much... So Close!

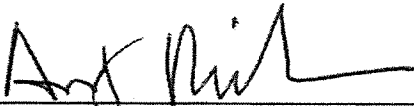
815 N. Virginia St. Port Lavaca, Texas 77979 (361) 552-6713

Date: 10/12/2021
Invoice # 362
For: Oct-21


Bill To:
Calhoun County

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

Total \$ 4,166.67



Anthony Richardson
Interim CFO

APPROVED
ON
NOV 10 2021
BY 
CALHOUN COUNTY AUDITOR

Calhoun County Indigent Care Patient Caseload 2021

	Approved	Denied	Removed	Active	Pending
January	2	0	0	11	5
February	0	0	0	11	7
March	1	1	2	10	5
April	2	0	0	12	6
May	0	0	1	11	9
June	0	0	1	11	9
July	0	0	1	10	4
August	0	0	2	8	5
September	0	0	0	6	6
October	0	0	0	6	9
November					
December					

YTD

Monthly Avg 1 0 1 10 7

December 2020 Active 9

Number of Charity patients 217

Number of Charity patients below 50% FPL 84

Calhoun County Pharmacy Assistance Patient Caseload 2019

	Approved	Refills	Removed	Active	Value
January	7	0	0	7	\$8,589.00
February	4	0	0	11	\$10,869.00
March	2	6	1	12	\$14,515.00
April	2	2	0	14	\$14,719.00
May	1	3	0	15	\$14,765.00
June	3	5	0	18	\$22,563.00
July	2	4	0	17	\$22,897.00
August	1	2	0	18	\$22,546.00
September	0	4	0	18	\$24,250.00
October	2	6	0	20	\$29,204.00
November					
December					

YTD PATIENT SAVINGS \$184,917.00

Monthly Avg 2 3 0 15 \$18,491.70

December 2020 Active 87

0

MEMORIAL MEDICAL CENTER
CHECK REQUEST

COPY

P CALHOUN COUNTY INDIGENT ACCOUNT

Date Requested: 11/8/21

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ON

NOV 12 2021

CENTRAL APPROPRIATE
COUNCIL OF TEXAS

FOR ACCT. USE ONLY

- Imprest Cash
- A/P Check
- Mail Check to Vendor
- Return Check to Dept

AMOUNT \$20.00

G/L NUMBER: 50240000

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

REQUESTED BY: MAYRA MARTINEZ

AUTHORIZED BY: 



RUN DATE: 11/02/21
TIME: 10:03

MEMORIAL MEDICAL CENTER
RECEIPTS FROM 10/01/21 TO 10/31/21

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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	10/01/21	602227				10.00			00/00/00	PLB		2
50240.000	10/08/21	603396				247.90			00/00/00	PLB		2
50240.000	10/15/21	604045				10.00			00/00/00	PLB		2
50240.000	10/25/21	606248				247.90-			00/00/00	PLB		2
TOTAL 50240.000 COUNTY INDIGENT COPAYS						20.00						





PROSPERITY BANK®

Statement Date 10/31/2021
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

10/01/2021	Beginning Balance			\$5,481.77
	3 Deposits/Other Credits		+	\$35,753.26
	7 Checks/Other Debits		-	\$35,793.32
10/31/2021	Ending Balance	31	Days in Statement Period	\$5,441.71
	Total Enclosures			9

DEPOSITS/OTHER CREDITS

Date	Description	Amount
10/05/2021	Deposit	\$35,682.41
10/28/2021	Deposit	\$70.00
10/31/2021	Accr Earning Pymt Added to Account	\$0.85

*Ang Check
Sep Co pay*

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12483	10-14	\$50.79	12486	10-06	\$48.57	12489	10-08	\$332.08
12484	10-12	\$135.25	12487	10-06	\$30,910.80			
12485	10-06	\$4,166.67	12488	10-12	\$149.16			

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
10-01	\$5,481.77	10-08	\$5,706.06	10-28	\$5,440.86
10-05	\$41,164.18	10-12	\$5,421.65	10-31	\$5,441.71
10-06	\$6,038.14	10-14	\$5,370.86		

EARNINGS SUMMARY

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

Interest Paid This Period	\$0.85	Annual Percentage Yield Earned	0.15 %
Interest Paid YTD	\$18.56	Days in Earnings Period	31
		Earnings Balance	\$6,638.41

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101441 : 01328701



MEMBER FDIC



NYSE Symbol "PB"