

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- December 22, 2021

by: DC

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

HEB Pharmacy (Medimpact) Pharmacy Reimbursement	80.66
MMCenter (In-patient \$0/ Out-patient \$353.78 / ER \$0)	353.78
Memorial Medical Clinic	921.08

SUBTOTAL	1,355.52
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)	4,166.67
	Subtotal 5,522.19
Co-pays adjustments for November 2021	(50.00)
Reimbursement from Medicaid	0.00

TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	5,472.19
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APPROVED

DEC 22 2021

**CALHOUN COUNTY
COMMISSIONERS COURT**

000012/22/2021 CALHOUN COUNTY, TEXAS

DATE: 12/22/2021
 CC Indigent Health Care

VENDOR # 852

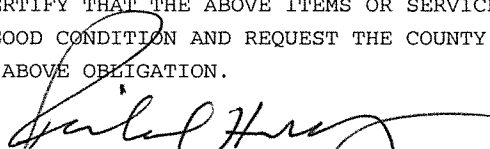
ACCOUNT NUMBER	DESCRIPTION OF GOODS OR SERVICES	QUANTITY	UNIT PRICE	TOTAL PRICE
1000-800-98722-999	Transfer to pay bills for Indigent Health Care approved by Commissioners Court on 12/22/2021			\$5,472.19
1000-001-46010	November 30, 2021 Interest			(\$0.81)
				\$5,471.38

COUNTY AUDITOR APPROVAL ONLY

APPROVED ON DEC 20 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:  12/20/2021

DEPARTMENT HEAD DATE

© IHS
Issued 12/16/21

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 12/01/2021 through 12/01/2021
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
02	Prescription Drugs	80.66	80.66
08	Rural Health Clinics	980.00	921.08
14	Mmc - Hospital Outpatient	931.00	353.78
	Expenditures	2,027.51	1,391.37
	Reimb/Adjustments	-35.85	-35.85
	Grand Total	1,991.66	1,355.52
		EXPENSES	4,166.67
			5,522.19
		COPAYS	<50.00>
		TOTAL	5,472.19

APPROVED
ON

DEC 20 2021

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS



©IHS
 Issued 12/16/21

Source Totals Report
 Calhoun Indigent Health Care
 Batch Dates 02/02/2021 through 12/01/2021
 For Source Group Indigent Health Care
 For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	22,368.00	2,132.69
01-2	Physician Services- Anesthesia	4,758.00	1,215.52
02	Prescription Drugs	886.93	886.93
05	Lab/X-Ray	11,719.15	135.25
08	Rural Health Clinics	5,239.00	4,962.65
13	Mmc - Inpatient Hospital	71,611.19	25,653.50
14	Mmc - Hospital Outpatient	106,317.10	34,271.98
15	Mmc - Er Bills	21,695.00	6,942.40
	Expenditures	244,945.03	76,551.58
	Reimb/Adjustments	-350.66	-350.66
	Grand Total	244,594.37	76,200.92
		EXPENSES	45,833.37
			122,034.29
		COPAYS	<760.00>
		TOTAL	121,274.29

MEMORIAL MEDICAL CENTER

So Much... So Close!

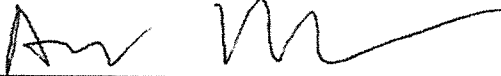
815 N. Virginia St. Port Lavaca, Texas 77979 (361) 552-6713

Date: 12/6/2021
Invoice # 363
For: Nov-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

DEC 21 2021

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER **CC** COPY
CHECK REQUEST

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E
CALHOUN COUNTY INDIGENT ACCOUNT

Date Requested: 12/6/21

FOR ACCT. USE ONLY

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



APPROVED
ON

DEC 6 9 2021

MEMORIAL MEDICAL CENTER
COLUMBIA, MISSISSIPPI

AMOUNT \$50.00

G/L NUMBER: 50240000

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

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: A. M.

RUN DATE: 12/06/21
 TIME: 13:14

MEMORIAL MEDICAL CENTER
 RECEIPTS FROM 11/01/21 TO 11/30/21

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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	11/19/21	608360	CA		10.00	10.00			00/00/00	PGC		2
50240.000	11/11/21	607592	CA		10.00	10.00			00/00/00	PLB		2
50240.000	11/18/21	608319	CA		10.00	10.00			00/00/00	PLB		2
50240.000	11/24/21	608860	CA		10.00	10.00			00/00/00	PLB		2
50240.000	11/24/21	608917	CA		10.00	10.00			00/00/00	PLB		2
TOTAL 50240.000 COUNTY INDIGENT COPAYS						50.00						
50510.000	11/01/21	605986	CA	CAFE	165.60	165.60			00/00/00	KAH		2
50510.000	11/01/21	605987	VI	CAFE	320.58	320.58			00/00/00	KAH		2
50510.000	11/01/21	605988	MC	CAFE	77.51	77.51			00/00/00	KAH		2
50510.000	11/01/21	605989	AE	CAFE	17.67	17.67			00/00/00	KAH		2
50510.000	11/01/21	605992	VI	CURBSIDE	28.53	28.53			00/00/00	KAH		2
50510.000	11/01/21	605993	MC	CURBSIDE	56.75	56.75			00/00/00	KAH		2
50510.000	11/01/21	605994	DS	CURBSIDE	94.67	94.67			00/00/00	KAH		2
50510.000	11/05/21	607023	CA	CASH	253.37	253.37			00/00/00	KAH		2
50510.000	11/05/21	607024	VI	CAFE	230.35	230.35			00/00/00	KAH		2
50510.000	11/05/21	607025	MC	CAFE	23.62	23.62			00/00/00	KAH		2
50510.000	11/05/21	607026	DS	CAFE	11.02	11.02			00/00/00	KAH		2
50510.000	11/05/21	607027	AE	CAFE	7.52	7.52			00/00/00	KAH		2
50510.000	11/05/21	607028	VI	CURBSIDE	150.51	150.51			00/00/00	KAH		2
50510.000	11/05/21	607029	MC	CURBSIDE	9.41	9.41			00/00/00	KAH		2
50510.000	11/05/21	607030	DS	CURBSIDE	8.32	8.32			00/00/00	KAH		2
50510.000	11/05/21	607031	CK	CAFE	13.22	13.22			00/00/00	KAH		2
50510.000	11/08/21	607206	CA	CAFE	331.34	331.34			00/00/00	KAH		2
50510.000	11/08/21	607207	VI	CAFE	241.10	241.10			00/00/00	KAH		2
50510.000	11/08/21	607208	MC	CAFE	75.65	75.65			00/00/00	KAH		2
50510.000	11/08/21	607209	VI	CURBSIDE	76.64	76.64			00/00/00	KAH		2
50510.000	11/08/21	607210	MC	CURBSIDE	41.62	41.62			00/00/00	KAH		2
50510.000	11/08/21	607211	DS	CURBSIDE	20.98	20.98			00/00/00	KAH		2
50510.000	11/11/21	607766	VI	CAFE	177.71	177.71			00/00/00	KAH		2
50510.000	11/11/21	607773	VI	CAFE	177.71	177.71			00/00/00	KAH		2
50510.000	11/12/21	607767	MC	CAFE	73.32	73.32			00/00/00	KAH		2
50510.000	11/12/21	607768	DS	CAFE	12.60	12.60			00/00/00	KAH		2
50510.000	11/12/21	607769	AE	CAFE	6.37	6.37			00/00/00	KAH		2
50510.000	11/12/21	607770	VI	CURBSIDE	20.85	20.85			00/00/00	KAH		2
50510.000	11/12/21	607771	MC	CURBSIDE	9.41	9.41			00/00/00	KAH		2
50510.000	11/12/21	607772	CA	CAFE	200.87	200.87			00/00/00	KAH		2
50510.000	11/12/21	607775	VI	CAFE	177.71	177.71			00/00/00	KAH		2
50510.000	11/15/21	607941	CA	CAFE	251.43	251.43			00/00/00	KAH		2
50510.000	11/15/21	607942	VI	CAFE	240.35	240.35			00/00/00	KAH		2
50510.000	11/15/21	607943	MC	CAFE	69.29	69.29			00/00/00	KAH		2
50510.000	11/15/21	607944	AE	CAFE	12.54	12.54			00/00/00	KAH		2
50510.000	11/15/21	607945	VI	CURBSIDE	81.95	81.95			00/00/00	KAH		2
50510.000	11/15/21	607946	MC	CURBSIDE	47.03	47.03			00/00/00	KAH		2
50510.000	11/15/21	607947	DS	CURBSIDE	9.41	9.41			00/00/00	KAH		2
50510.000	11/15/21	607951	CK	CAFE	10.82	10.82			00/00/00	KAH		2
50510.000	11/16/21	608028	CA	CAFE	169.36	169.36			00/00/00	KAH		2
50510.000	11/16/21	608029	VI	CAFE	121.07	121.07			00/00/00	KAH		2
50510.000	11/16/21	608030	MC	CAFE	77.09	77.09			00/00/00	KAH		2
50510.000	11/16/21	608031	AE	CAFE	7.43	7.43			00/00/00	KAH		2
50510.000	11/16/21	608034	VI	CURBSIDE	19.91	19.91			00/00/00	KAH		2
50510.000	11/16/21	608035	MC	CURBSIDE	7.78	7.78			00/00/00	KAH		2



PROSPERITY BANK®

Statement Date 11/30/2021
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

11/01/2021	Beginning Balance		\$5,441.71
	3 Deposits/Other Credits	+	\$7,379.74
	8 Checks/Other Debits	-	\$7,228.51
11/30/2021	Ending Balance	30 Days in Statement Period	\$5,592.94
	Total Enclosures		10

DEPOSITS/OTHER CREDITS

Date	Description	Amount
11/04/2021	Deposit	\$7,358.93 <i>Sept-Oct.</i>
11/24/2021	Deposit	\$20.00 <i>Oct-Nov Copy</i>
11/30/2021	Accr Earning Pymt Added to Account	\$0.81

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12495	11-08	\$1,718.08 ✓	12498	11-10	\$103.63 ✓	12501	11-08	\$69.96 ✓
12496	11-09	\$815.81 ✓	12499	11-12	\$106.39 ✓	12502	11-08	\$4,166.67 ✓
12497	11-09	\$95.43 ✓	12500	11-09	\$152.54 ✓			

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
11-01	\$5,441.71	11-09	\$5,782.15	11-24	\$5,592.13
11-04	\$12,800.64	11-10	\$5,678.52	11-30	\$5,592.94
11-08	\$6,845.93	11-12	\$5,572.13		

EARNINGS SUMMARY

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

Interest Paid This Period	\$0.81	Annual Percentage Yield Earned	0.15 %
Interest Paid YTD	\$19.37	Days in Earnings Period	30
		Earnings Balance	\$6,584.11

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