MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- February 28, 2018

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

Adu Sports Medicine Clinic		140.19
HEB Pharmacy (Medimpact) Pharmacy Reimbursement		242.53
Laboratory Corporation of America		68.21
MMCenter (In-patient $10,448.30 / Out-patient $2,465.85 / ER $325.12)		13,239.27
Memorial Medical Clinic		1,567.05
Port Lavaca Clinic		201.38
Regional Employee Assistance		415.93
SUBTOTAL		**15,874.56**
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		**4,166.67**
	Subtotal	20,041.23
Co-pays adjustments for January 2018		**(200.00)**
Reimbursement from Medicaid		**(2,690.88)**
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES		**17,150.35**

APPROVED
MAR 07 2018
CALHOUN COUNTY
COMMISSIONERS COURT

APPROVED
FEB 28 2018
CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- February 28, 2018

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TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES		**17,150.35**
Interest		**(3.16)**
		17,147.19
	PO #1	**8,485.32**
	PO #2	**8,669.63**
		17,154.95
Deduct from Indigent next month		**(7.76)**

Notes Added 3/7/18

Issued 02/07/18

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 02/01/2018 through 02/01/2018
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	4,081.78	556.12
02	Prescription Drugs	242.53	242.53
05	Lab/x-ray	317.00	68.21
08	Rural Health Clinics	2,266.60	1,771.25
13	Mmc - Inpatient Hospital	20,092.89	10,448.30
14	Mmc - Hospital Outpatient	7,011.44	2,435.60
15	Mmc - Er Bills	1,016.00	325.12
	Expenditures	35,108.60	15,927.49
	Reimb/Adjustments	-80.36	-80.36
	Grand Total	**35,028.24**	**15,847.13**

APPROVED
FEB 2 1 2018
COUNTY AUDITOR

EXPENSES	4,166.67
	20,013.80
COPAYS	<200.00>
	19,813.80
MEDICAID REIMBURSMENTS	<2,690.88>
	17,122.92

800 02282018 01 CALHOUN COUNTY, TEXAS

DATE: 2/28/2018

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			$8,488.48
	approved by Commissioners Court on 02/28/2018			
-46010	January Interest ($3.16)			($3.16)
				$8,485.32

AUDITOR
VAL ONLY

APPRO
FEB 2 1 2018
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: Michael G Pfeil 2/28/18

DEPARTMENT HEAD DATE

800 03072018 01	CALHOUN COUNTY, TEXAS

DATE: 3/7/2018

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			$8,669.63
	approved by Commissioners Court on 03/7/2018			
1000-001-46010	January Interest $0.00			$0.00
	*correction: incorrect amount was submitted for			
	commissioners court on 2/28/18 ($17,147.19 - $8,477.56 = $8,669.63)			$8,669.63

COUNTY AUDITOR'S APPROVAL ONLY

APPROVED FEB 28 2018 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: _____ 3/7/18

DEPARTMENT HEAD DATE

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Calhoun County Indigent Account

Date Requested: 01/07/2018

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
- [ ] Mail Check to Vendor
- [ ] Return Check to Dept

AMOUNT: $200.00

G/L NUMBER: 50240000

EXPLANATION: To transfer indigent co-pays from the operating account to the indigent bank account.

January 2018

REQUESTED BY: MD Ott

AUTHORIZED BY: Richard S Thomas 2/7/18

APPROVED

FEB 21 2018

COUNTY AUDITOR

G/L NUMBER	DATE	RECEIPT NUMBER	PAY TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	COLL INIT	GL CASH CODE ACCOUNT
50200.000	01/29/18	482306	IN	UNITED HEALTHCARE	451.15-	451.15-			00/00/00	RLT	2
50200.000	01/29/18	482319	IN	UNITED HEALTHCARE	.00	.00			00/00/00	RLT	2
50200.000	01/29/18	482324	IN	DEPARTMENT OF VETER	500.61-	500.61-			00/00/00	RLT	2
50200.000	01/29/18	482326	IN	CIGNA PAYOR 62308	1887.57-	1887.57-			00/00/00	RLT	2
50200.000	01/29/18	482329	IN	DEPARTMENT OF VETER	9734.05-	9734.05-			00/00/00	RLT	2
50200.000	01/29/18	482331	IN	DEPARTMENT OF VETER	7180.97-	7180.97-			00/00/00	RLT	2
50200.000	01/29/18	482333	IN	TRIWEST	348.03-	348.03-			00/00/00	RLT	2
50200.000	01/29/18	482347	IN	AETNA TRS CARE	.00	.00			00/00/00	RLT	2
50200.000	01/29/18	482353	IN	JIM ADLER	.00	.00			00/00/00	RLT	2
50200.000	01/29/18	482382	IN	AETNA U S HEALTHCAR	123.10-	123.10-			00/00/00	RLT	2
50200.000	01/29/18	482419	IN	CIGNA HEALTHCARE	60.78-	60.78-			00/00/00	RLT	2
50200.000	01/30/18	482480	IN	HUMANA	76.13-	76.13-			00/00/00	RLT	2
50200.000	01/31/18	482569	IN	CIGNA HEALTHCARE	78.54-	78.54-			00/00/00	RLT	2
50200.000	01/31/18	482605	IN	CIGNA HEALTHCARE	238.18-	238.18-			00/00/00	RLT	2
TOTAL 50200.000 COMMERCIAL INS. -ADJ						-354111.95					
50240.000	01/12/18	480984	CA	[redacted]	10.00	10.00			00/00/00	CAS	2
50240.000	01/22/18	481648	CA	[redacted]	10.00	10.00			00/00/00	CAS	2
50240.000	01/05/18	480474	CK	[redacted]	10.00	10.00			00/00/00	FAG	2
50240.000	01/17/18	481442	CA	[redacted]	30.00-	30.00-			00/00/00	JJG	2
50240.000	01/17/18	481443	CA	[redacted]	9.11-	9.11-			00/00/00	JJG	2
50240.000	01/02/18	479910	CA	[redacted]	10.00	10.00			00/00/00	PLB	2
50240.000	01/03/18	480177	CA	[redacted]	10.00	10.00			00/00/00	PLB	2
50240.000	01/03/18	480188	VI	[redacted]	10.00	10.00			00/00/00	PLB	2
50240.000	01/08/18	480465	CA	[redacted]	10.00	10.00			00/00/00	PLB	2
50240.000	01/08/18	480476	CA	[redacted]	10.00-	10.00-			00/00/00	PLB	2
50240.000	01/08/18	480584	CA	[redacted]	10.00	10.00			00/00/00	PLB	2
50240.000	01/12/18	480999	CA	[redacted]	10.00	10.00			00/00/00	PLB	2
50240.000	01/17/18	481462	CA	[redacted]	9.11	9.11			00/00/00	PLB	2
50240.000	01/17/18	481463	CA	[redacted]	30.00	30.00			00/00/00	PLB	2
50240.000	01/18/18	481423	CA	[redacted]	10.00	10.00			00/00/00	PLB	2
50240.000	01/19/18	481527	CA	[redacted]	10.00	10.00			00/00/00	PLB	2
50240.000	01/25/18	481954	CA	[redacted]	10.00	10.00			00/00/00	PLB	2
50240.000	01/26/18	482120	CA	[redacted]	10.00	10.00			00/00/00	PLB	2
50240.000	01/26/18	482122	CA	[redacted]	10.00-	10.00-			00/00/00	PLB	2
50240.000	01/29/18	482190	CA	[redacted]	10.00	10.00			00/00/00	PLB	2
50240.000	01/29/18	482215	CA	[redacted]	10.00	10.00			00/00/00	PLB	2
50240.000	01/29/18	482244	CA	[redacted]	10.00	10.00			00/00/00	PLB	2
50240.000	01/29/18	482245	CA	[redacted]	10.00	10.00			00/00/00	PLB	2
50240.000	01/30/18	482272	CA	[redacted]	10.00	10.00			00/00/00	PLB	2
50240.000	01/30/18	482277	CA	[redacted]	10.00	10.00			00/00/00	PLB	2
50240.000	01/30/18	482281	CA	[redacted]	10.00-	10.00-			00/00/00	PLB	2
50240.000	01/31/18	482539	CA	[redacted]	10.00	10.00			00/00/00	PLB	2
50240.000	01/05/18	480373	CA	[redacted]	10.00	10.00			00/00/00	VTT	2
50240.000	01/08/18	480461	CA	[redacted]	10.00	10.00			00/00/00	VTT	2
50240.000	01/15/18	481120	VI	[redacted]	10.00	10.00			00/00/00	VTT	2
TOTAL 50240.000 COUNTY INDIGENT COPAYS						200.00					
50510.000	01/12/18	480985	CK	PORT LAVACA EVENING	40.00	40.00			00/00/00	CAS	2
50510.000	01/12/18	480988	VI	CAFE	157.83	157.83			00/00/00	CAS	2
50510.000	01/12/18	480989	MC	CAFE	6.21	6.21			00/00/00	CAS	2
50510.000	01/12/18	480990	CK	CAFE	4.65	4.65			00/00/00	CAS	2

MEMORIAL MEDICAL CENTER

So Much...So Close!

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

Date: 2/6/2018
Invoice # 0118
For: Jan-18

APPROVED
FEB 2 1 2018
COUNTY AUDITOR

Bill To:
Calhoun County

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

Total $ 4,166.67

Jason Anglin
CEO

PROSPERITY BANK®

Statement Date 1/31/2018
Account No

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

13375

STATEMENT SUMMARY

Public Fund Contractual Ckg w Int Account No

01/01/2018	Beginning Balance				$32,106.94
	2 Deposits/Other Credits			+	$17,606.44
	22 Checks/Other Debits			-	$46,461.53
01/31/2018	Ending Balance	31	Days in Statement Period		$3,251.85
	Total Enclosures				23

DEPOSITS/OTHER CREDITS

Date	Description	Amount
01/08/2018	Deposit	$17,603.28
01/31/2018	Accr Earning Pymt Added to Account	$3.16

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12036	01-29	$46.73	12051*	01-17	$703.79	12060	01-05	$4,166.67
12038*	01-10	$1,389.81	12052	01-10	$673.24	12061	01-08	$4,166.67
12040*	01-17	$494.07	12053	01-10	$406.02	12062	01-05	$715.81
12041	01-10	$33.27	12054	01-09	$193.85	12063	01-05	$11,806.36
12042	01-10	$116.80	12056*	01-16	$99.17	12064	01-05	$678.32
12046*	01-22	$718.12	12057	01-16	$151.56	12065	01-05	$12,320.54
12047	01-18	$367.04	12058	01-22	$327.78			
12049*	01-10	$2,719.24	12059	01-08	$4,166.67			

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
01-01	$32,106.94	01-10	$6,156.95	01-22	$3,295.42
01-05	$2,419.24	01-16	$5,906.22	01-29	$3,248.69
01-08	$11,689.18	01-17	$4,708.36	01-31	$3,251.85
01-09	$11,495.33	01-18	$4,341.32		

EARNINGS SUMMARY

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

Interest Paid This Period	$3.16	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	$3.16	Days in Earnings Period	31

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102461 : 01337501