

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- March 27, 2019

by:CT

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

Clinical Pathology Labs	72.80
Michelle M. Cummins MD	248.14
ESS of Port Lavaca LLC	544.57
HEB Pharmacy (Medimpact) Pharmacy Reimbursement	142.74
MMCenter (In-patient \$ / Out-patient \$1,217.92 / ER \$1,645.44)	2,863.36
Memorial Medical Clinic	1,906.62
Port Lavaca Clinic	518.15
Singleton Associates, PA	323.70
Victoria Anesthesiology Assoc	313.01
SUBTOTAL	6,933.09
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)	4,166.67
	Subtotal 11,099.76
Co-pays adjustments for February 2019	(210.00)
Reimbursement from Medicaid	(81.52)
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	10,808.24

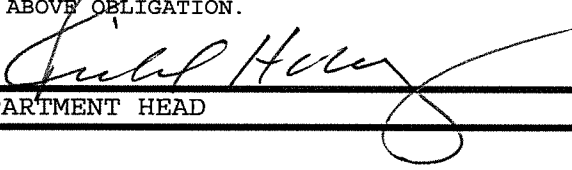
800 003272019 01 CALHOUN COUNTY, TEXAS

DATE: 3/27/2019

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			\$10,808.24
	approved by Commissioners Court on 03/27/2019			
1000-001-46010	February 28, 2019 interest			(\$3.03)
				\$10,805.21

COUNTY AUDITOR APPROVAL ONLY APPROVED ON MAR 21 2019 BY 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: 	3/27/20118
	DEPARTMENT HEAD	DATE

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 02/28/2019 through 03/01/2019
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	11,575.80	1,189.21
01-2	Physician Services- Anesthesia	1,092.00	313.01
02	Prescription Drugs	142.74	142.74
08	Rural Health Clinics	2,735.00	2,343.25
14	Mmc - Hospital Outpatient	3,806.00	1,217.92
15	Mmc - Er Bills	5,142.00	1,645.44
Expenditures		24,535.78	6,975.33
Reimb/Adjustments		-42.24	-123.76
Grand Total		24,493.54	6,851.57
EXPENSES			4,166.67
			11,018.24
COPAYS			<210.00>
			10,808.24

Approved by
D Moore thru email

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 02/01/2019 through 03/01/2019
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	18,557.75	2,172.74
01-2	Physician Services- Anesthesia	1,092.00	313.01
02	Prescription Drugs	446.90	446.90
08	Rural Health Clinics	4,853.01	4,150.49
14	Mmc - Hospital Outpatient	32,617.01	10,472.34
15	Mmc - Er Bills	12,456.00	3,985.92
	Expenditures	70,093.73	21,693.98
	Reimb/Adjustments	-71.06	-152.58
	Grand Total	70,022.67	21,541.40

EXPENSES 8,333.34

29,874.74

COPAYS <460.00>

29,414.74

*Approved by:
D Moore thru email*

Calhoun County Indigent Care Patient Caseload 2019

	Approved	Denied	Removed	Active	Pending
January	0	1	6	15	4
February	2	0	0	17	2
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
YTD					
Monthly Avg	1	1	3	16	3
December 2018 Active		21			

Calhoun County Pharmacy Assistance Patient Caseload 2018

	Approved	Refills	Removed	Active	Value
January	3	15	0	91	\$25,152.26
February	4	12	0	95	\$32,125.05
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
YTD PATIENT SAVINGS					
Monthly Avg	4	14	-	93	\$28,638.66
December 2018 Active		87			0

on Dec 17

COPY

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Calhoun County Indigent Account

Date Requested: 3/6/2019

A
Y APPROVED ON

E MAR 07 2019

E COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ENTERED
FEB 28 2019
BY:

FOR ACCT. USE ONLY

☐	Imprest Cash
☐	A/P Check
☒	Mail Check to Vendor
☐	Return Check to Dept

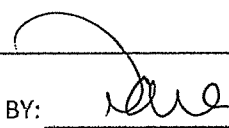
AMOUNT \$210.00

G/L NUMBER: 50240000

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

February, 2019

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:  CFO

RUN DATE: 03/05/19
TIME: 15:55

MEMORIAL MEDICAL CENTER
RECEIPTS FROM 02/01/19 TO 02/28/19

PAGE 106
RCMREP

G/L NUMBER	RECEIPT PAY DATE	NUMBER	TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	COLL GL CASH INIT CODE ACCOUNT
50200.000	02/11/19	513463	IN	CIGNA HEALTHCARE	58.64-	58.64-			00/00/00	RLT 2
50200.000	02/11/19	513472	IN	CIGNA HEALTHCARE	64.20-	64.20-			00/00/00	RLT 2
50200.000	02/11/19	513481	IN	CIGNA HEALTHCARE	58.42-	58.42-			00/00/00	RLT 2
50200.000	02/12/19	513591	IN	CIGNA HEALTHCARE	56.28-	56.28-			00/00/00	RLT 2
50200.000	02/12/19	513593	IN	CIGNA HEALTHCARE	56.28-	56.28-			00/00/00	RLT 2
50200.000	02/12/19	513598	IN	CIGNA HEALTHCARE	500.54-	500.54-			00/00/00	RLT 2
50200.000	02/12/19	513606	IN	CIGNA HEALTHCARE	170.34-	170.34-			00/00/00	RLT 2
50200.000	02/12/19	513628	IN	CIGNA HEALTHCARE	74.47-	74.47-			00/00/00	RLT 2
50200.000	02/13/19	513704	IN	CIGNA HEALTHCARE	18.62-	18.62-			00/00/00	RLT 2
50200.000	02/13/19	513732	IN	CIGNA HEALTHCARE	86.24-	86.24-			00/00/00	RLT 2
50200.000	02/13/19	513744	IN	CIGNA HEALTHCARE	13.27-	13.27-			00/00/00	RLT 2
50200.000	02/13/19	513746	IN	CIGNA HEALTHCARE	374.47-	374.47-			00/00/00	RLT 2
50200.000	02/13/19	513752	IN	CIGNA HEALTHCARE	153.65-	153.65-			00/00/00	RLT 2
50200.000	02/14/19	513788	IN	CIGNA HEALTHCARE	48.79-	48.79-			00/00/00	RLT 2
50200.000	02/14/19	513796	IN	CIGNA HEALTHCARE	2567.97-	2567.97-			00/00/00	RLT 2
50200.000	02/15/19	513864	IN	CIGNA HEALTHCARE	122.19-	122.19-			00/00/00	RLT 2
50200.000	02/18/19	513993	IN	CIGNA HEALTHCARE	49.22-	49.22-			00/00/00	RLT 2
50200.000	02/19/19	514063	IN	CIGNA HEALTHCARE	73.86-	73.86-			00/00/00	RLT 2
50200.000	02/19/19	514075	IN	CIGNA HEALTHCARE	74.47-	74.47-			00/00/00	RLT 2
50200.000	02/19/19	514113	IN	CIGNA HEALTHCARE	56.28-	56.28-			00/00/00	RLT 2
50200.000	02/20/19	514172	IN	CIGNA HEALTHCARE	183.40-	183.40-			00/00/00	RLT 2
50200.000	02/20/19	514206	IN	CIGNA HEALTHCARE	174.84-	174.84-			00/00/00	RLT 2
50200.000	02/21/19	514283	IN	CIGNA HEALTHCARE	64.20-	64.20-			00/00/00	RLT 2
50200.000	02/21/19	514292	IN	CIGNA HEALTHCARE	22.68-	22.68-			00/00/00	RLT 2
50200.000	02/21/19	514294	IN	CIGNA HEALTHCARE	70.19-	70.19-			00/00/00	RLT 2
50200.000	02/25/19	514535	IN	AETNA TRS CARE	332.73-	332.73-			00/00/00	RLT 2
TOTAL 50200.000 COMMERCIAL INS. -ADJ					-318008.34					
50240.000	02/01/19	512632	CA	██████████	10.00	10.00			00/00/00	CAS 2
50240.000	02/14/19	513722	CA	██████████	10.00	10.00			00/00/00	CAS 2
50240.000	02/01/19	512644	CA	██████████	10.00	10.00			00/00/00	PLB 2
50240.000	02/05/19	512904	CA	██████████	10.00	10.00			00/00/00	PLB 2
50240.000	02/08/19	513310	CA	██████████	10.00	10.00			00/00/00	PLB 2
50240.000	02/11/19	513386	CA	██████████	10.00	10.00			00/00/00	PLB 2
50240.000	02/13/19	513661	CA	██████████	10.00	10.00			00/00/00	PLB 2
50240.000	02/14/19	513697	CA	██████████	10.00	10.00			00/00/00	PLB 2
50240.000	02/18/19	513964	CA	██████████	10.00	10.00			00/00/00	PLB 2
50240.000	02/19/19	513975	CA	██████████	10.00	10.00			00/00/00	PLB 2
50240.000	02/20/19	514082	CA	██████████	10.00	10.00			00/00/00	PLB 2
50240.000	02/20/19	514150	CA	██████████	10.00	10.00			00/00/00	PLB 2
50240.000	02/22/19	514280	CA	██████████	10.00	10.00			00/00/00	PLB 2
50240.000	02/22/19	514324	CA	██████████	10.00	10.00			00/00/00	PLB 2
50240.000	02/25/19	514421	CA	██████████	10.00	10.00			00/00/00	PLB 2
50240.000	02/25/19	514453	CA	██████████	10.00	10.00			00/00/00	PLB 2
50240.000	02/26/19	514561	CA	██████████	10.00	10.00			00/00/00	PLB 2
50240.000	02/26/19	514562	CA	██████████	10.00	10.00			00/00/00	PLB 2
50240.000	02/26/19	514577	CA	██████████	10.00	10.00			00/00/00	PLB 2
50240.000	02/28/19	514704	CA	██████████	10.00	10.00			00/00/00	PLB 2
50240.000	02/28/19	514732	CA	██████████	10.00	10.00			00/00/00	PLB 2
TOTAL 50240.000 COUNTY INDIGENT COPAYS					210.00					
50510.000	02/01/19	512635	VI	CAFE	265.39	265.39			00/00/00	PLB 2

MEMORIAL MEDICAL CENTER

So Much... So Close!

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

Date: 3/6/2019

Invoice # 329

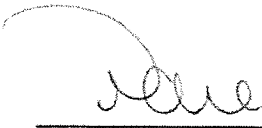
For: Feb-19

Bill To:

Calhoun County

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

Total \$ 4,166.67


Diane Moore
CFO

APPROVED
ON

MAR 21 2019

BY
CALHOUN COUNTY AUDITOR



PROSPERITY BANK®

Statement Date 2/28/2019

Account No

Page 1 of 2

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

12967

STATEMENT SUMMARY

Public Fund Contractual Ckg w Int Account No

02/01/2019	Beginning Balance			\$20,410.81
	2 Deposits/Other Credits	+		\$253.03
	10 Checks/Other Debits	-		\$15,927.70
02/28/2019	Ending Balance		28 Days in Statement Period	\$4,736.14
	Total Enclosures			11

DEPOSITS/OTHER CREDITS

Date	Description	Amount
02/15/2019	Deposit	\$250.00
02/28/2019	Accr Earning Pymt Added to Account	\$3.03

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12198	02-01	\$248.14	12206	02-08	\$10,176.15	12211	02-13	\$53.19
12203*	02-08	\$4,166.67	12207	02-08	\$230.43	12212	02-15	\$114.67
12204	02-26	\$186.92	12208	02-11	\$569.81			
12205	02-14	\$79.62	12210*	02-13	\$102.10			

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
02-01	\$20,162.67	02-13	\$4,864.32	02-26	\$4,733.11
02-08	\$5,589.42	02-14	\$4,784.70	02-28	\$4,736.14
02-11	\$5,019.61	02-15	\$4,920.03		

EARNINGS SUMMARY

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

Interest Paid This Period	\$3.03	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	\$5.69	Days in Earnings Period	28
		Earnings Balance	\$8,782.67

MEMBER FDIC



NYSE Symbol "PB"

0000

101391 : 01296701