MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- April 4, 2018

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

Adu Sports Medicine Clinic		46.73
Richard Arroyo-Diaz		48.38
HEB Pharmacy (Medimpact) Pharmacy Reimbursement		261.08
MMCenter (In-patient / Out-patient $6,212.65 / ER)		6,212.65
Memorial Medical Clinic		815.81
Memorial Medical Center OP Clinic		33.27
MMC Professional Fees		149.42
Port Lavaca Clinic		204.20
Singleton Associates, PA		115.74
Victoria Anesthesiology Assoc		143.00
Victoria Heart & Vascular Center		80.23
SUBTOTAL		**8,110.51**
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		**4,166.67**
	Subtotal	12,277.18
Co-pays adjustments for February 2018		**(230.00)**
Reimbursement from Medicaid		**0.00**
Previous Months Overpayment		**(7.76)**
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES		**12,039.42**
	Interest	**(2.35)**
	Total Minus Interest	**12,037.07**

APPROVED

APR 04 2018

CALHOUN COUNTY
COMMISSIONERS COURT

800 03282018 01 CALHOUN COUNTY, TEXAS

DATE: 3/28/2018

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			$12,039.42
	approved by Commissioners Court on 03/28/2018			
1000-001-46010	February Interest ($2.35)			($2.35)
				$12,037.07

COUNTY AUDITOR APPROVAL ONLY

APPROVED MAR 20 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 J Pfeil 3/28/18

DEPARTMENT HEAD DATE

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**
Interest		**(3.16)**
Notes Added 3/7/18		
		17,147.19
	PO #1	**8,485.32**
	PO #2	**8,669.63**
		17,154.95
Deduct from Indigent next month		**(7.76)**

Issued 03/20/18

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 03/01/2018 through 03/01/2018
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	3,030.59	473.77
01-2	Physician Services- Anesthesia	546.00	143.00
02	Prescription Drugs	261.08	261.08
08	Rural Health Clinics	1,169.00	1,020.01
14	Mmc - Hospital Outpatient	18,923.74	6,212.65
	Expenditures	23,953.39	8,133.49
	Reimb/Adjustments	-22.98	-22.98
	Grand Total	**23,930.41**	**8,110.51**

EXPENSES	4,166.67
	12,277.18
COPAYS	<230.00>
TOTAL	12,047.18

APPROVED
MAR 20 2018
COUNTY AUDITOR

G/L NUMBER	RECEIPT DATE	PAY NUMBER	TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	COLL INIT	GL CODE	CASH ACCOUNT
50200.000	02/22/18	484460	IN	CIGNA HEALTHCARE	121.56-	121.56-			00/00/00	RLT		2
50200.000	02/22/18	484465	IN	PAN-AMERICAN LIFE I	233.40-	233.40-			00/00/00	RLT		2
50200.000	02/22/18	484468	IN	CIGNA HEALTHCARE	78.54-	78.54-			00/00/00	RLT		2
50200.000	02/22/18	484480	IN	STM CLAIMS DEPARTME	39.45-	39.45-			00/00/00	RLT		2
50200.000	02/22/18	484507	IN	AETNA TRS CARE	119.70-	119.70-			00/00/00	RLT		2
50200.000	02/26/18	484661	IN	CIGNA HEALTHCARE	172.48-	172.48-			00/00/00	RLT		2
50200.000	02/26/18	484671	IN	CIGNA HEALTHCARE	.00	.00			00/00/00	RLT		2
50200.000	02/26/18	484689	IN	CIGNA HEALTHCARE	58.42-	58.42-			00/00/00	RLT		2
50200.000	02/26/18	484702	IN	CIGNA HEALTHCARE	75.11-	75.11-			00/00/00	RLT		2
50200.000	02/27/18	484744	IN	AETNA TRS CARE	.00	.00			00/00/00	RLT		2
50200.000	02/27/18	484884	IN	CIGNA HEALTHCARE	75.11-	75.11-			00/00/00	RLT		2
50200.000	02/27/18	484929	IN	CIGNA HEALTHCARE	26.32-	26.32-			00/00/00	RLT		2
50200.000	02/27/18	484933	IN	CIGNA HEALTHCARE	57.14-	57.14-			00/00/00	RLT		2
50200.000	02/28/18	485073	IN	TRICARE	269.39-	269.39-			00/00/00	RLT		2
TOTAL 50200.000 COMMERCIAL INS. -ADJ						-300384.99						
50240.000	02/28/18	484898	CA	[redacted]	10.00	10.00			00/00/00	ARK		2
50240.000	02/02/18	482742	VI	[redacted]	10.00	10.00			00/00/00	CAS		2
50240.000	02/19/18	484019	CA	[redacted]	10.00	10.00			00/00/00	CAS		2
50240.000	02/26/18	484562	CA	[redacted]	10.00	10.00			00/00/00	CAS		2
50240.000	02/07/18	483135	CA	[redacted]	10.00	10.00			00/00/00	MKG		2
50240.000	02/02/18	482777	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	02/05/18	482809	VI	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	02/05/18	482846	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	02/05/18	482847	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	02/07/18	483039	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	02/13/18	483499	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	02/13/18	483511	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	02/13/18	483535	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	02/13/18	483647	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	02/16/18	483942	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	02/19/18	484027	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	02/20/18	484057	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	02/20/18	484129	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	02/21/18	484191	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	02/26/18	484583	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	02/26/18	484601	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	02/28/18	484897	VI	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	02/28/18	484987	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
TOTAL 50240.000 COUNTY INDIGENT COPAYS						230.00						
50510.000	02/01/18	482595	VI	CAFE	121.04	121.04			00/00/00	PLB		2
50510.000	02/01/18	482596	MC	CAFE	18.73	18.73			00/00/00	PLB		2
50510.000	02/01/18	482597	AE	CAFE	4.60	4.60			00/00/00	PLB		2
50510.000	02/01/18	482598	CA	CAFE	139.96	139.96			00/00/00	PLB		2
50510.000	02/02/18	482743	CA	[redacted]	15.00	15.00			00/00/00	PLB		2
50510.000	02/02/18	482744	CA	[redacted]	47.00	47.00			00/00/00	PLB		2
50510.000	02/02/18	482746	VI	CAFE	146.16	146.16			00/00/00	PLB		2
50510.000	02/02/18	482747	MC	CAFE	31.64	31.64			00/00/00	PLB		2
50510.000	02/02/18	482748	AE	CAFE	5.38	5.38			00/00/00	PLB		2
50510.000	02/02/18	482749	CA	CAFE	140.12	140.12			00/00/00	PLB		2
50510.000	02/05/18	482816	VI	CAFE	196.11	196.11			00/00/00	PLB		2

MEMORIAL MEDICAL CENTER

So Much...So Close!

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

Date: 3/6/2018
Invoice # 218
For: Feb-18

Bill To:
Calhoun County

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

APPROVED
MAR 2 0 2018
COUNTY AUDITOR

Total $ 4,166.67

Jason Anglin
CEO

PROSPERITY BANK®

Statement Date 2/28/2018
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

13271

STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account N[illegible]

02/01/2018	Beginning Balance			$3,251.85
	3 Deposits/Other Credits		+	$13,299.21
	4 Checks/Other Debits		-	$8,124.63
02/28/2018	Ending Balance	28 Days in Statement Period		$8,426.43
	Total Enclosures			6

DEPOSITS/OTHER CREDITS

Date	Description	Amount
02/07/2018	Deposit	$210.00
02/20/2018	Deposit	$13,086.86
02/28/2018	Accr Earning Pymt Added to Account	$2.35

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount
12068	02-26	$7,262.40	12070	02-28	$439.00
12069	02-26	$281.82	12074*	02-28	$141.41

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
02-01	$3,251.85	02-20	$16,548.71	02-28	$8,426.43
02-07	$3,461.85	02-26	$9,004.49		

EARNINGS SUMMARY

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

Interest Paid This Period	$2.35	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	$5.51	Days in Earnings Period	28

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101091 : 01327101