

**MEMORIAL MEDICAL CENTER**

**COMMISSIONERS COURT APPROVAL LIST FOR ---- April 25, 2018**

by: CT

**INDIGENT HEALTHCARE FUND:**

**INDIGENT EXPENSES**

Adu Sports Medicine Clinic	140.19
Community Pathology Association	50.79
HEB Pharmacy (Medimpact) Pharmacy Reimbursement	192.33
MMCenter (In-patient 7,343.28 / Out-patient \$7,315.75 / ER )	14,659.03
Memorial Medical Clinic	815.81
Port Lavaca Clinic	204.20
Singleton Associates, PA	83.40

<b>SUBTOTAL</b>	<b>16,145.75</b>
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)	<b>4,166.67</b>
	<hr/>
	Subtotal 20,312.42
Co-pays adjustments for March 2018	(200.00)
Reimbursement from Medicaid	0.00

<b>TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES</b>	<b>20,112.42</b>
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**APPROVED**

**APR 25 2018**

**CALHOUN COUNTY  
COMMISSIONERS COURT**

800 04252018 01 CALHOUN COUNTY, TEXAS

DATE: 4/25/2018

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			\$20,112.42
	approved by Commissioners Court on 04/25/2018			
1000-001-46010	March Interest (\$6.53)			(\$6.53)
				\$20,105.89

  

COUNTY AUDITOR APPROVAL ONLY  APPROVED ON APR 19 2018 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: <i>[Signature]</i> 4/25/18 DEPARTMENT HEAD DATE
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©IHS  
 Issued 04/17/18

**Source Totals Report**  
 Calhoun Indigent Health Care  
 Batch Dates 04/01/2018 through 04/01/2018  
 For Source Group Indigent Health Care  
 For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	2,305.78	274.38
02	Prescription Drugs	192.33	192.33
08	Rural Health Clinics	1,150.00	1,020.01
13	Mmc - Inpatient Hospital	13,113.00	7,343.28
14	Mmc - Hospital Outpatient	22,650.60	7,315.75
<b>Expenditures</b>		39,452.01	16,186.05
<b>Reimb/Adjustments</b>		-40.30	-40.30
<b>Grand Total</b>		<b>39,411.71</b>	<b>16,145.75</b>
		EXPENSES	4,166.67
			20,312.42
		COPAYS	<200.00>
			20,112.42
		MEDICAID REIMBURSMENTS	0.00
		TOTAL	20,112.42



# PROSPERITY BANK®

Statement Date 3/31/2018

Account No

Page 1 of 3

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

13447

## STATEMENT SUMMARY

Public Fund Contractual Ckg w Int Account No

03/01/2018	Beginning Balance			\$8,426.43
	4 Deposits/Other Credits		+	\$17,391.48
	11 Checks/Other Debits		-	\$20,666.75
03/31/2018	Ending Balance	31	Days in Statement Period	\$5,151.16
	Total Enclosures			14

## DEPOSITS/OTHER CREDITS

Date	Description	Amount
03/08/2018	Deposit	\$8,485.32
03/15/2018	Deposit	\$8,669.63
03/19/2018	Deposit	\$230.00
03/31/2018	Accr Earning Pymt Added to Account	\$6.53

## CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12039	03-09	\$149.39	12071*	03-05	\$100.69	12076	03-29	\$13,239.27
12050*	03-09	\$649.43	12072	03-05	\$163.65	12079*	03-30	\$242.53
12066*	03-26	\$280.38	12073	03-01	\$28.07	12080	03-30	\$1,567.05
12067	03-06	\$79.62	12075*	03-29	\$4,166.67			

## DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
03-01	\$8,398.36	03-09	\$15,740.90	03-29	\$6,954.21
03-05	\$8,134.02	03-15	\$24,410.53	03-30	\$5,144.63
03-06	\$8,054.40	03-19	\$24,640.53	03-31	\$5,151.16
03-08	\$16,539.72	03-26	\$24,360.15		

## EARNINGS SUMMARY

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

Interest Paid This Period	\$6.53	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	\$12.04	Days in Earnings Period	31

MEMBER FDIC



NYSE Symbol "PB"

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112421 : 01344701

# MEMORIAL MEDICAL CENTER

*So Much... So Close!*

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

Date: 4/6/2018  
Invoice # 318  
For: Mar-18

Bill To:  
Calhoun County

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

APR 12 2018

BY  
CALHOUN COUNTY AUDITOR

Total \$ 4,166.67

*Roshen S Thomas*  
4/9/18

\_\_\_\_\_  
Jason Anglin  
CEO

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

P CALHOUN COUNTY INDIGENT ACCOUNT

Date Requested: 4/6/18

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APPROVED  
ON

APR 12 2018

POSTED

FOR ACCT. USE ONLY

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

AMOUNT \$200.00

COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

G/L NUMBER: 50240000

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

REQUESTED BY: MARIA D. ORTIZ

AUTHORIZED BY:

*Rodane S. Jones* 4/9/18

MARCH 2018 INDIGENT CO-PAY TOTAL

50240000	3/12/2018	485946 MC		10	10
50240000	3/5/2018	485298 CA		10	10
50240000	3/7/2018	485566 CA		10	10
50240000	3/9/2018	485818 CA		10	10
50240000	3/26/2018	487084 CA		10	10
50240000	3/26/2018	487085 CA		10	10
50240000	3/7/2018	485497 CA		10	10
50240000	3/9/2018	485810 CA		10	10
50240000	3/1/2018	485184 CA		10	10
50240000	3/5/2018	485274 CA		10	10
50240000	3/5/2018	485301 CA		10	10
50240000	3/6/2018	485359 CA		10	10
50240000	3/7/2018	485496 CA		10	10
50240000	3/9/2018	485828 CA		10	10
50240000	3/9/2018	485829 CA		10	10
50240000	3/12/2018	485981 MC		-10	-10
50240000	3/16/2018	486454 VI		10	10
50240000	3/16/2018	486485 CA		10	10
50240000	3/19/2018	486615 CA		10	10
50240000	3/23/2018	487016 CA		10	10
50240000	3/26/2018	487096 CA		10	10
50240000	3/26/2018	487214 CA		10	10

INDIGENT (TOTAL:     \$ 200.00

# Calhoun County Indigent Care Patient Caseload 2018

	Approved	Denied	Removed	Active	Pending
January	4	2	3	20	6
February	3	4	2	18	6
March	2	2	3	17	4
April					
May					
June					
July					
August					
September					
October					
November					
December					
YTD					
Monthly Avg	3	3	3	18	5
December 2017 Active		18			