MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- June 20, 2018

by: CT

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

Adu Sports Medicine Clinic		327.78
Clinical Pathology Labs		70.97
Community Pathology Association		29.67
William J. Crowley D.O.		303.39
ESS of Port Lavaca LLC		119.89
HEB Pharmacy (Medimpact) Pharmacy Reimbursement		260.69
MMCenter (In-patient $0 / Out-patient $12,430.70/ ER $99.20)		12,529.90
Memorial Medical Clinic		932.43
Memorial Medical Center OP Clinic		22.14
Port Lavaca Clinic		102.10
Regional Employee Assistance		252.58
Singleton Associates, PA		41.97
Victoria Heart & Vascular Center		59.88
SUBTOTAL		**15,053.39**
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		**4,166.67**
	Subtotal	19,220.06
Co-pays adjustments for May 2018		**(210.00)**
Reimbursement from Medicaid		**(102.10)**

TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	**18,907.96**

APPROVED

JUN 20 2018

CALHOUN COUNTY
COMMISSIONERS COURT

800 06202018 01 CALHOUN COUNTY, TEXAS

DATE: 6/20/2018

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			$18,907.96
	approved by Commissioners Court on 06/20/2018			
1000-001-46010	May Interest ($4.91)			($4.91)
				$18,903.05

COUNTY AUDITOR APPROVAL ONLY

APPROVED ON JUN 11 20 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: [signature] 6/20/18

DEPARTMENT HEAD DATE

Issued 06/05/18

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 06/01/2018 through 06/01/2018
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	7,570.29	1,228.27
02	Prescription Drugs	260.69	260.69
08	Rural Health Clinics	1,456.00	1,034.53
14	Mmc - Hospital Outpatient	38,845.92	12,430.70
15	Mmc - Er Bills	310.00	99.20
	Expenditures	48,503.24	15,113.73
	Reimb/Adjustments	-60.34	-60.34
	Grand Total	**48,442.90**	**15,053.39**

EXPENSES	4,166.67
	19,220.06
COPAYS	<210.00>
	19,010.06
MEDICAID REIMBURSEMENTS	<102.10>
TOTAL	18,907.96

APPROVED
ON

JUN 1 1 2018

BY
CALHOUN COUNTY AUDITOR

MEMORIAL MEDICAL CENTER

So Much...So Close!

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

Date: 6/6/2018
Invoice # 320
For: May-18

Bill To:
Calhoun County

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

Total $ 4,166.67

6-6-18
Diane Moore
CFO

APPROVED
ON
JUN 11 2018
BY
CALHOUN COUNTY AUDITOR

PROSPERITY BANK®

Statement Date 5/31/2018
Account No

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

13399

STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No

05/01/2018	Beginning Balance				$24,395.02
	3 Deposits/Other Credits			+	$277.01
	7 Checks/Other Debits			-	$20,172.23
05/31/2018	Ending Balance	31	Days in Statement Period		$4,499.80
	Total Enclosures				9

DEPOSITS/OTHER CREDITS

April Copays

Date	Description	Amount
05/18/2018	Deposit	$170.00
05/21/2018	Deposit	$102.10
05/31/2018	Accr Earning Pymt Added to Account	$4.91

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12095	05-14	$4,166.67	12099	05-14	$192.33	12103	05-16	$204.20
12096	05-14	$14,659.03	12100	05-15	$815.81			
12098*	05-18	$50.79	12102*	05-17	$83.40			

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
05-01	$24,395.02	05-16	$4,356.98	05-21	$4,494.89
05-14	$5,376.99	05-17	$4,273.58	05-31	$4,499.80
05-15	$4,561.18	05-18	$4,392.79		

EARNINGS SUMMARY

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

Interest Paid This Period	$4.91	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	$20.74	Days in Earnings Period	31

0000

101381 : 01339901

PORT LAVACA CLINIC ASSOCIATES, P.A.

Refund Check Requests

DATE: 4-18-18 DOCTOR: Falcon

PREPARED BY: Janice

ACCT REVIEWED BY:

PATIENT ACCT # 389857 PT DOB: 5/10/67

PATIENT NAME: [redacted]

GROUP #: POLICY#: 529757314

HIC#: DATE OF SERVICE: 2/15/18

CHECK PAYABLE TO: GCI

815 N Virginia St

Pt Lavaca, Tx. 77979

REFUND AMT: $102.10 CLAIM TOTAL:

REASON FOR REFUND:

1._____PATIENT/INSURANCE PAID FOR SAME DATE OF SERVICE

2._____SECONDARY OVERPAID—CLAIM#_____

3._____SECONDARY PAID AS PRIMARY—CLAIM#_____

4._____INSURANCE PAID TWICE—CLAIM#_____

5. ✓ OTHER pt Medicaid Retro'd and has paid

deposited
5/10/18

PORT LAVACA CLINIC ASSOCIATES, PA
REFUND ACCOUNT
1200 N VIRGINIA ST
PORT LAVACA, TX 77979-2507

WELLS FARGO BANK, N.A.
www.wellsfargo.com
37-65/1119

5394

4/24/2018

PAY TO THE ORDER OF CALHOUN COUNTY INDIGENT PROGRAM $ **102.10

One Hundred Two and 10/100********** DOLLARS

CALHOUN COUNTY INDIGENT PROGRAM
Attn: Patient Refunds
815 N. Virginia St.
PORT LAVACA, TX 77979

MEMO

VOID AFTER 60 DAYS

Pamela J Wiese
Karen Lange
AUTHORIZED SIGNATURE

PORT LAVACA CLINIC ASSOCIATES, PA REFUND ACCOUNT

5394

CALHOUN COUNTY INDIGENT PROGRAM 4/24/2018

Abel Contreras 102.10

Paid

Wells Fargo Special - 102.10

COPY

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Calhoun County Indigent Account

Date Requested: 6/6/18

POSTED

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

AMOUNT $210.00

G/L NUMBER: 50240000

APPROVED ON JUN 07 2018

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

May, 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: CFO 6-6-18

G/L NUMBER	RECEIPT DATE	PAY NUMBER	TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	INIT	COLL CODE	GL CASH ACCOUNT
50200.000	05/21/18	492436	IN	RSL SPECIALTY PRODU	47.70-	47.70-			00/00/00		RLT	2
50200.000	05/21/18	492438	IN	RSL SPECIALTY PRODU	52.20-	52.20-			00/00/00		RLT	2
50200.000	05/21/18	492440	IN	LHS MEDCOST SOLUTIO	1932.39-	1932.39-			00/00/00		RLT	2
50200.000	05/21/18	492442	IN	SHENANDOAH LIFE INS	.00	.00			00/00/00		RLT	2
50200.000	05/21/18	492444	IN	SHENANDOAH LIFE INS	.00	.00			00/00/00		RLT	2
50200.000	05/22/18	492451	IN	SEDWICK -WORK COMP	2137.10-	2137.10-			00/00/00		RLT	2
50200.000	05/23/18	492497	IN	AETNA TRS CARE	549.95-	549.95-			00/00/00		RLT	2
50200.000	05/23/18	492503	IN	AETNA TRS CARE	710.77-	710.77-			00/00/00		RLT	2
50200.000	05/30/18	493171	IN	CIGNA HEALTHCARE	70.83-	70.83-			00/00/00		RLT	2
50200.000	05/30/18	493181	IN	CIGNA HEALTHCARE	85.20-	85.20-			00/00/00		RLT	2
50200.000	05/30/18	493188	IN	CIGNA HEALTHCARE	70.83-	70.83-			00/00/00		RLT	2
50200.000	05/31/18	493419	IN	CIGNA HEALTHCARE	128.19-	128.19-			00/00/00		RLT	2
50200.000	05/31/18	493429	IN	CIGNA HEALTHCARE	130.11-	130.11-			00/00/00		RLT	2
50200.000	05/31/18	493433	IN	CIGNA HEALTHCARE	60.78-	60.78-			00/00/00		RLT	2
50200.000	05/31/18	493438	IN	CIGNA HEALTHCARE	26.75-	26.75-			00/00/00		RLT	2
50200.000	05/31/18	493444	IN	CIGNA HEALTHCARE	224.73-	224.73-			00/00/00		RLT	2
50200.000	05/31/18	493468	IN	CIGNA HEALTHCARE	103.82-	103.82-			00/00/00		RLT	2
TOTAL 50200.000 COMMERCIAL INS. -ADJ						-505481.77						
50240.000	05/01/18	490532	CA	[redacted]	10.00	10.00			00/00/00		ARK	2
50240.000	05/07/18	490933	CA	[redacted]	10.00	10.00			00/00/00		ARK	2
50240.000	05/18/18	492020	CA	[redacted]	10.00	10.00			00/00/00		ARK	2
50240.000	05/01/18	490432	VI	[redacted]	10.00	10.00			00/00/00		CAS	2
50240.000	05/01/18	490454	CA	[redacted]	10.00	10.00			00/00/00		CAS	2
50240.000	05/02/18	490591	CA	[redacted]	10.00	10.00			00/00/00		CAS	2
50240.000	05/02/18	490606	CA	[redacted]	10.00	10.00			00/00/00		CAS	2
50240.000	05/29/18	492911	CA	[redacted]	10.00	10.00			00/00/00		CSG	2
50240.000	05/29/18	492912	CA	[redacted]	10.00	10.00			00/00/00		CSG	2
50240.000	05/04/18	490832	CA	[redacted]	10.00	10.00			00/00/00		JY	2
50240.000	05/07/18	490964	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	05/09/18	491298	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	05/14/18	491567	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	05/14/18	491584	MC	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	05/21/18	492121	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	05/22/18	492232	MC	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	05/23/18	492466	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	05/25/18	492636	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	05/29/18	492885	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	05/29/18	492897	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	05/29/18	492906	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
TOTAL 50240.000 COUNTY INDIGENT COPAYS						210.00						
50420.000	05/23/18	492482	CK	[redacted]	200.00	200.00			00/00/00		PLB	2
TOTAL 50420.000 GIVING TREE DONATION-OTHER REV						200.00						
50510.000	05/01/18	490447	CA	CAFE	149.02	149.02			00/00/00		CAS	2
50510.000	05/01/18	490448	VI	CAFE	125.06	125.06			00/00/00		CAS	2
50510.000	05/01/18	490449	MC	CAFE	41.43	41.43			00/00/00		CAS	2
50510.000	05/01/18	490501	CA	CAFE	338.98	338.98			00/00/00		CAS	2
50510.000	05/01/18	490502	VI	CAFE	267.79	267.79			00/00/00		CAS	2
50510.000	05/01/18	490503	MC	CAFE	45.70	45.70			00/00/00		CAS	2

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	5	3	1	21	2
May	0	2	3	18	1
June					
July					
August					
September					
October					
November					
December					
YTD					
Monthly Avg	3	3	2	19	4
December 2017 Active		18			