MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- June 26, 2019

by:DC

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

Michelle M. Cummins MD		46.73
ESS of Port Lavaca LLC		233.01
HEB Pharmacy (Medimpact) Pharmacy Reimbursement		328.44
MMCenter (In-patient $ 4,998.44/ Out-patient $5,712.64 / ER $2,810.24)		13,521.32
Regional Employee Assistance		33.27
Victoria Anesthesiology Assoc		424.24
SUBTOTAL		**14,587.01**
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		**4,166.67**
	Subtotal	18,753.68
Co-pays adjustments for May 2019		**(190.00)**
Reimbursement from Medicaid		**0.00**
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES		**18,563.68**

APPROVED

JUN 2 6 2019

CALHOUN COUNTY
COMMISSIONERS COUR

800 006262019 01 CALHOUN COUNTY, TEXAS

DATE: 6/26/2019

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			$18,563.68
	approved by Commissioners Court on 06/26/2019			
1000-001-46010	May 31, 2019 interest			($7.04)
				$18,556.64

COUNTY AUDITOR APPROVAL ONLY

APPROVED ON JUN 19 2019

BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

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] 6/26/19

DEPARTMENT HEAD DATE

Issued 06/13/19

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 05/02/2019 through 06/01/2019
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	3,782.00	313.01
01-2	Physician Services- Anesthesia	1,560.00	424.24
02	Prescription Drugs	328.44	328.44
13	Mmc - Inpatient Hospital	8,618.00	4,998.44
14	Mmc - Hospital Outpatient	17,852.00	5,712.64
15	Mmc - Er Bills	8,782.00	2,810.24
	Expenditures	40,996.45	14,661.02
	Reimb/Adjustments	-74.01	-74.01
	Grand Total	**40,922.44**	**14,587.01**
		EXPENSES	4,166.67
			18,753.68
		COPAYS	<190.00>
		TOTAL	**18,563.68**

©IHS
Issued 06/13/19

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 02/01/2019 through 06/01/2019
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	47,153.45	5,008.22
01-2	Physician Services- Anesthesia	3,744.00	1,051.85
02	Prescription Drugs	1,242.16	1,242.16
08	Rural Health Clinics	8,680.03	7,635.02
13	Mmc - Inpatient Hospital	8,618.00	4,998.44
14	Mmc - Hospital Outpatient	146,863.22	47,205.62
15	Mmc - Er Bills	48,115.00	15,396.80
	Expenditures	264,648.31	82,852.08
	Reimb/Adjustments	-232.45	-313.97
	Grand Total	**264,415.86**	**82,538.11**

EXPENSES	20,833.35
	103,371.46
COPAYS	<1120.00>
TOTAL	**102,251.46**

MEMORIAL MEDICAL CENTER

So Much...So Close!

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

Date: 6/5/2019
Invoice # 332
For: May-19

Bill To:
Calhoun County

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

Total $ 4,166.67

CFO

Diane Moore
CFO

APPROVED ON
JUN 19 2019
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

POSTED

PAY TO THE ORDER OF: Calhoun County Indigent Account

Date Requested: 6/5/2019

APPROVED ON JUN 07 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $190.00

G/L NUMBER: 50240000

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

May, 2019

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: CFO

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	05/23/19	522329	IN	UMR	768.35-	768.35-			00/00/00	RLT	2
50200.000	05/24/19	522163	IN	CIGNA MEDICARE SUPP	.00	.00			00/00/00	RLT	2
50200.000	05/24/19	522165	IN	LOYAL AMERICAN	167.75-	167.75-			00/00/00	RLT	2
50200.000	05/24/19	522167	IN	CONTINENTAL GENERAL	.00	.00			00/00/00	RLT	2
50200.000	05/24/19	522169	IN	TRIWEST	2854.99-	2854.99-			00/00/00	RLT	2
50200.000	05/24/19	522174	IN	SUPERIOR CHIPS	211.91-	211.91-			00/00/00	RLT	2
50200.000	05/24/19	522179	IN	CLAIM ADMINISTRATIO	238.19-	238.19-			00/00/00	RLT	2
50200.000	05/24/19	522183	IN	BRATTON LAW FIRM	1078.50-	1078.50-			00/00/00	RLT	2
50200.000	05/24/19	522185	IN	BRATTON LAW FIRM	410.40-	410.40-			00/00/00	RLT	2
50200.000	05/24/19	522318	IN	DRISCOLL	259.66-	259.66-			00/00/00	RLT	2
50200.000	05/24/19	522331	IN	UMR	784.16-	784.16-			00/00/00	RLT	2
50200.000	05/24/19	522371	IN	CIGNA HEALTHCARE	12887.22-	12887.22-			00/00/00	RLT	2
50200.000	05/28/19	522407	IN	ADMINISTRATIVE CONC	164.20-	164.20-			00/00/00	RLT	2
50200.000	05/28/19	522409	IN	UMR	144.14-	144.14-			00/00/00	RLT	2
50200.000	05/28/19	522411	IN	UMR	189.91-	189.91-			00/00/00	RLT	2
50200.000	05/28/19	522418	IN	CIGNA HEALTHCARE	2602.31-	2602.31-			00/00/00	RLT	2
50200.000	05/29/19	522445	IN	HUMANA	230.00-	230.00-			00/00/00	RLT	2
50200.000	05/29/19	522487	IN	PAN AMERICAN LIFE	201.28-	201.28-			00/00/00	RLT	2
50200.000	05/29/19	522558	IN	CIGNA HEALTHCARE	108.07-	108.07-			00/00/00	RLT	2
50200.000	05/29/19	522560	IN	CIGNA HEALTHCARE	.00	.00			00/00/00	RLT	2
50200.000	05/30/19	522536	IN	AETNA -O/P	.00	.00			00/00/00	RLT	2
50200.000	05/30/19	522642	IN	AARP HEALTHCARE CLA	.00	.00			00/00/00	RLT	2
50200.000	05/30/19	522644	IN	AARP HEALTHCARE CLA	.00	.00			00/00/00	RLT	2
50200.000	05/30/19	522649	IN	CIGNA HEALTHCARE	3441.66-	3441.66-			00/00/00	RLT	2
TOTAL 50200.000 COMMERCIAL INS. -ADJ						-309501.61					
50240.000	05/01/19	520065	CA	[redacted]	10.00	10.00			00/00/00	CAS	2
50240.000	05/07/19	520614	CA	[redacted]	10.00	10.00			00/00/00	CAS	2
50240.000	05/14/19	521128	CA	[redacted]	10.00	10.00			00/00/00	CAS	2
50240.000	05/15/19	521240	CA	[redacted]	10.00	10.00			00/00/00	CAS	2
50240.000	05/16/19	521444	CA	[redacted]	10.00	10.00			00/00/00	CAS	2
50240.000	05/29/19	522276	VI	[redacted]	10.00	10.00			00/00/00	CJC	2
50240.000	05/08/19	520739	CA	[redacted]	10.00	10.00			00/00/00	GEM	2
50240.000	05/09/19	520871	CA	[redacted]	10.00	10.00			00/00/00	GEM	2
50240.000	05/01/19	520088	CA	[redacted]	10.00	10.00			00/00/00	PLB	2
50240.000	05/01/19	520144	CA	[redacted]	10.00	10.00			00/00/00	PLB	2
50240.000	05/03/19	520267	CA	[redacted]	10.00	10.00			00/00/00	PLB	2
50240.000	05/08/19	520685	CA	[redacted]	10.00	10.00			00/00/00	PLB	2
50240.000	05/09/19	520847	CA	[redacted]	10.00	10.00			00/00/00	PLB	2
50240.000	05/21/19	521681	CA	[redacted]	10.00	10.00			00/00/00	PLB	2
50240.000	05/22/19	521890	CA	[redacted]	10.00	10.00			00/00/00	PLB	2
50240.000	05/24/19	522114	CA	[redacted]	10.00	10.00			00/00/00	PLB	2
50240.000	05/29/19	522369	CA	[redacted]	10.00	10.00			00/00/00	PLB	2
50240.000	05/29/19	522392	CA	[redacted]	10.00	10.00			00/00/00	PLB	2
50240.000	05/31/19	522529	CA	[redacted]	10.00	10.00			00/00/00	PLB	2
TOTAL 50240.000 COUNTY INDIGENT COPAYS						190.00					
50500.000	05/17/19	521819	ER	ADJUSTMENT	330.93	330.93			00/00/00	ERA	2
50500.000	05/17/19	521819	ER	ADJUSTMENT	474.26	474.26			00/00/00	ERA	2
50500.000	05/17/19	521819	ER	ADJUSTMENT	30.46	30.46			00/00/00	ERA	2
50500.000	05/17/19	521819	ER	OUTSIDE RECOVERY	330.93-	330.93-			00/00/00	ERA	2
50500.000	05/17/19	521819	ER	OUTSIDE RECOVERY	474.26-	474.26-			00/00/00	ERA	2

PROSPERITY BANK®

Statement Date 5/31/2019
Account No

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

13000

STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No

05/01/2019	Beginning Balance			$4,358.65
	4 Deposits/Other Credits		+	$54,470.29
	10 Checks/Other Debits		-	$29,254.93
05/31/2019	Ending Balance	31 Days in Statement Period		$29,574.01
	Total Enclosures			13

DEPOSITS/OTHER CREDITS

Date	Description	Amount
05/06/2019	Deposit	$28,977.97
05/17/2019	Deposit	$200.00
05/31/2019	Deposit	$25,285.28
05/31/2019	Accr Earning Pymt Added to Account	$7.04

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12233	05-20	$4,166.67	12237	05-23	$98.98	12241	05-22	$133.66
12234	05-20	$22,472.29	12238	05-20	$188.23	12242	05-23	$134.45
12235	05-20	$88.47	12239	05-22	$1,716.64			
12236	05-21	$29.67	12240	05-22	$225.87			

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
05-01	$4,358.65	05-20	$6,620.96	05-23	$4,281.69
05-06	$33,336.62	05-21	$6,591.29	05-31	$29,574.01
05-17	$33,536.62	05-22	$4,515.12		

EARNINGS SUMMARY

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

Interest Paid This Period	$7.04	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	$22.52	Days in Earnings Period	31
		Earnings Balance	$18,408.19

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