MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- August 28, 2019

by: CT

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

Citizens Medical Professional		101.14
HEB Pharmacy (Medimpact) Pharmacy Reimbursement		254.58
MMCenter (In-patient $ 0.00/ Out-patient $9,431.60 / ER $433.60)		9,865.20
Memorial Medical Clinic		1,169.62
Singleton Associates, PA		380.10
Victoria Anesthesiology Assoc		147.77
SUBTOTAL		**11,918.41**
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		**4,166.67**
	Subtotal	16,085.08
Co-pays adjustments for July 2019		**(180.00)**
Reimbursement from Medicaid		**(4,535.15)**
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES		**11,369.93**

APPROVED

AUG 2 8 2019

CALHOUN COUNTY
COMMISSIONERS COURT

800 008282019 01 CALHOUN COUNTY, TEXAS

DATE: 8/28/2019

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			$11,369.93
	approved by Commissioners Court on 08/28/2019			
1000-001-46010	July 31, 2019 interest			($5.26)
				$11,364.67

COUNTY AUDITOR APPROVAL ONLY

APPROVED ON AUG 2 0 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: _____ 8/28/19

DEPARTMENT HEAD DATE

MEMORIAL MEDICAL CENTER

So Much...So Close!

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

Date: 8/2/2019
Invoice # 334
For: Jul-19

Bill To:
Calhoun County

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

APPROVED
ON

AUG 13 2019

BY
CALHOUN COUNTY AUDITOR

Total $ 4,166.67

CFO 8-2-19

Diane Moore
CFO

COPY

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Calhoun County Indigent Account

Date Requested: 8/2/2019

APPROVED ON AUG 09 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $180.00

G/L NUMBER: 50240000

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

July, 2019

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: CFO

MEMORIAL MEDICAL CENTER
RECEIVED
AUG 02 2019
ACCOUNTS PAYABLE

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	07/29/19	527571	IN	CIGNA HEALTHCARE	12911.67-	12911.67-			00/00/00	FAG	2
50200.000	07/29/19	527590	IN	CHAMP VA	635.92-	635.92-			00/00/00	FAG	2
50200.000	07/29/19	527594	IN	CIGNA HEALTHCARE	16504.28-	16504.28-			00/00/00	FAG	2
50200.000	07/30/19	527601	IN	SOUTHWEST SERVICE L	66.90-	66.90-			00/00/00	FAG	2
50200.000	07/30/19	527655	IN	TML -GBRP CLAIMS	1078.27-	1078.27-			00/00/00	FAG	2
50200.000	07/30/19	527657	IN	TML -GBRP CLAIMS	1106.14-	1106.14-			00/00/00	FAG	2
50200.000	07/30/19	527660	IN	TML -GBRP CLAIMS	584.27-	584.27-			00/00/00	FAG	2
50200.000	07/31/19	527738	IN	BROADSPIRE	5749.59-	5749.59-			00/00/00	FAG	2
50200.000	07/31/19	527772	IN	GWH CIGNA HEALTHCAR	5776.63-	5776.63-			00/00/00	FAG	2
50200.000	07/31/19	527777	IN	CIGNA HEALTHCARE	2416.15-	2416.15-			00/00/00	FAG	2
50200.000	07/09/19	525678	IN	AETNA U S HEALTHCAR	58.80-	58.80-			00/00/00	MRP	2
50200.000	07/10/19	525791	IN	GWH CIGNA HEALTHCAR	273.53-	273.53-			00/00/00	MRP	2
50200.000	07/10/19	525793	IN	GWH CIGNA HEALTHCAR	199.06	199.06			00/00/00	MRP	2
50200.000	07/10/19	525801	IN	CIGNA	30.00-	30.00-			00/00/00	MRP	2
50200.000	07/10/19	525834	IN	CIGNA HEALTHCARE	108.07-	108.07-			00/00/00	MRP	2
50200.000	07/10/19	525837	IN	CIGNA HEALTHCARE	41.94-	41.94-			00/00/00	MRP	2
50200.000	07/10/19	525888	IN	TRICARE	649.63-	649.63-			00/00/00	MRP	2
50200.000	07/11/19	525955	IN	TEXAS REHABILITATIO	412.18-	412.18-			00/00/00	MRP	2
50200.000	07/11/19	526005	IN	UMR	1113.22-	1113.22-			00/00/00	MRP	2
50200.000	07/11/19	526021	IN	AETNA U S HEALTHCAR	691.22-	691.22-			00/00/00	MRP	2
50200.000	07/11/19	526024	IN	TEXAS REHABILITATIO	1036.98-	1036.98-			00/00/00	MRP	2
50200.000	07/16/19	526260	IN	TRICARE	2137.10-	2137.10-			00/00/00	MRP	2
50200.000	07/16/19	526263	IN	TRICARE	902.73-	902.73-			00/00/00	MRP	2
50200.000	07/16/19	526269	IN	TRICARE	17141.48-	17141.48-			00/00/00	MRP	2
50200.000	07/16/19	526274	IN	SUPERIOR CHIPS	662.61-	662.61-			00/00/00	MRP	2
50200.000	07/29/19	527440	IN	AARP HEALTHCARE CLA	.00	.00			00/00/00	MRP	2
50200.000	07/31/19	527847	IN	UNITED HEALTHCARE	1135.66-	1135.66-			00/00/00	MRP	2
50200.000	07/01/19	525025	IN	HUMANA	477.36-	477.36-			00/00/00	RLT	2
50200.000	07/03/19	525363	IN	CIGNA HEALTHCARE	118.34-	118.34-			00/00/00	RLT	2
50200.000	07/08/19	525557	IN	PAN AMERICAN LIFE I	42.40-	42.40-			00/00/00	RLT	2
50200.000	07/08/19	525560	IN	CIGNA HEALTHCARE	101.87-	101.87-			00/00/00	RLT	2
50200.000	07/08/19	525562	IN	FREEDON LIFE INSURA	2.10-	2.10-			00/00/00	RLT	2
50200.000	07/08/19	525567	IN	ADMINISTRATORS LLC	147.89-	147.89-			00/00/00	RLT	2
50200.000	07/17/19	526340	IN	HEALTH PARTNERS	36.59-	36.59-			00/00/00	RLT	2
50200.000	07/17/19	526345	IN	AETNA U S HEALTHCAR	52.70-	52.70-			00/00/00	RLT	2
50200.000	07/17/19	526347	IN	AETNA U S HEALTHCAR	46.58-	46.58-			00/00/00	RLT	2
50200.000	07/17/19	526356	IN	AETNA U S HEALTHCAR	84.66-	84.66-			00/00/00	RLT	2
50200.000	07/22/19	526696	IN	AXIS	375.40-	375.40-			00/00/00	RLT	2
50200.000	07/22/19	526700	IN	CIGNA HEALTHCARE	.00	.00			00/00/00	RLT	2
50200.000	07/22/19	526721	IN	UMR	74.26-	74.26-			00/00/00	RLT	2
50200.000	07/22/19	526723	IN	AETNA TRS CARE	78.20-	78.20-			00/00/00	RLT	2
50200.000	07/22/19	526725	IN	AETNA TRS CARE	68.51-	68.51-			00/00/00	RLT	2
50200.000	07/22/19	526744	IN	AETNA U S HEALTHCAR	29.07-	29.07-			00/00/00	RLT	2
50200.000	07/22/19	526746	IN	INTERNATIONAL BENEF	888.36-	888.36-			00/00/00	RLT	2
50200.000	07/29/19	527474	IN	AFLAC	.00	.00			00/00/00	RLT	2
50200.000	07/31/19	527670	IN	AETNA U S HEALTHCAR	5089.38-	5089.38-			00/00/00	RLT	2
50200.000	07/31/19	527673	IN	AETNA U S HEALTHCAR	91.95-	91.95-			00/00/00	RLT	2
TOTAL 50200.000 COMMERCIAL INS. -ADJ						-476351.78					
50240.000	07/15/19	526079	CA	[redacted]	10.00	10.00			00/00/00	CAS	2
50240.000	07/17/19	526266	CA		10.00	10.00			00/00/00	CAS	2
50240.000	07/09/19	525607	CA		10.00	10.00			00/00/00	GJV	2
50240.000	07/12/19	525995	CA		10.00	10.00			00/00/00	GJV	2

G/L NUMBER	DATE	RECEIPT NUMBER	PAY TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	COLL INIT	GL CODE	CASH ACCOUNT
50240.000	07/12/19	525996	CA	[redacted]	10.00	10.00			00/00/00	GJV		2
50240.000	07/05/19	525361	CA		10.00	10.00			00/00/00	PLB		2
50240.000	07/08/19	525534	CA		10.00	10.00			00/00/00	PLB		2
50240.000	07/09/19	525605	CA		10.00	10.00			00/00/00	PLB		2
50240.000	07/09/19	525608	CA		10.00-	10.00-			00/00/00	PLB		2
50240.000	07/11/19	525858	CA		10.00	10.00			00/00/00	PLB		2
50240.000	07/11/19	525929	VI		10.00	10.00			00/00/00	PLB		2
50240.000	07/11/19	525933	VI		10.00-	10.00-			00/00/00	PLB		2
50240.000	07/12/19	525899	CA		10.00	10.00			00/00/00	PLB		2
50240.000	07/17/19	526328	CA		10.00	10.00			00/00/00	PLB		2
50240.000	07/19/19	526492	CA		10.00	10.00			00/00/00	PLB		2
50240.000	07/25/19	527139	CA		10.00	10.00			00/00/00	PLB		2
50240.000	07/26/19	527142	CA		10.00	10.00			00/00/00	PLB		2
50240.000	07/26/19	527274	CA		10.00	10.00			00/00/00	PLB		2
50240.000	07/29/19	527360	CA		10.00	10.00			00/00/00	PLB		2
50240.000	07/31/19	527531	CA		10.00	10.00			00/00/00	PLB		2
50240.000	07/31/19	527608	CA		10.00	10.00			00/00/00	PLB		2
50240.000	07/25/19	527066	CA		10.00	10.00			00/00/00	SP		2
TOTAL 50240.000 COUNTY INDIGENT COPAYS						180.00						
50510.000	07/05/19	525437	CA	CAFE	98.07	98.07			00/00/00	CAS		2
50510.000	07/05/19	525438	VI	CAFE	58.21	58.21			00/00/00	CAS		2
50510.000	07/05/19	525439	MC	CAFE	16.28	16.28			00/00/00	CAS		2
50510.000	07/15/19	526084	CA	CAFE	473.12	473.12			00/00/00	CAS		2
50510.000	07/15/19	526085	CK	CAFE	6.77	6.77			00/00/00	CAS		2
50510.000	07/15/19	526086	VI	CAFE	458.69	458.69			00/00/00	CAS		2
50510.000	07/15/19	526087	MC	CAFE	167.49	167.49			00/00/00	CAS		2
50510.000	07/15/19	526088	AE	CAFE	43.71	43.71			00/00/00	CAS		2
50510.000	07/15/19	526089	DS	CAFE	76.50	76.50			00/00/00	CAS		2
50510.000	07/16/19	526168	CA	CAFE	346.76	346.76			00/00/00	CAS		2
50510.000	07/16/19	526169	VI	CAFE	312.17	312.17			00/00/00	CAS		2
50510.000	07/16/19	526170	MC	CAFE	79.07	79.07			00/00/00	CAS		2
50510.000	07/18/19	526366	CA	CAFE	235.17	235.17			00/00/00	CAS		2
50510.000	07/18/19	526367	VI	CAFE	209.73	209.73			00/00/00	CAS		2
50510.000	07/18/19	526368	MC	CAFE	57.09	57.09			00/00/00	CAS		2
50510.000	07/18/19	526369	DS	CAFE	9.13	9.13			00/00/00	CAS		2
50510.000	07/22/19	526605	CA	CAFE	591.34	591.34			00/00/00	CAS		2
50510.000	07/22/19	526606	VI	CAFE	619.44	619.44			00/00/00	CAS		2
50510.000	07/22/19	526607	MC	CAFE	187.89	187.89			00/00/00	CAS		2
50510.000	07/22/19	526608	DS	CAFE	33.85	33.85			00/00/00	CAS		2
50510.000	07/22/19	526609	AE	CAFE	52.33	52.33			00/00/00	CAS		2
50510.000	07/23/19	526702	CA	CAFE	268.94	268.94			00/00/00	CAS		2
50510.000	07/23/19	526703	VI	CAFE	233.83	233.83			00/00/00	CAS		2
50510.000	07/23/19	526704	MC	CAFE	64.66	64.66			00/00/00	CAS		2
50510.000	07/26/19	527205	CA	CAFE	151.12	151.12			00/00/00	CAS		2
50510.000	07/26/19	527206	VI	CAFE	422.85	422.85			00/00/00	CAS		2
50510.000	07/26/19	527207	MC	CAFE	60.26	60.26			00/00/00	CAS		2
50510.000	07/26/19	527208	DS	CAFE	10.80	10.80			00/00/00	CAS		2
50510.000	07/01/19	524883	VI	CAFE	573.73	573.73			00/00/00	PLB		2
50510.000	07/01/19	524884	MC	CAFE	122.53	122.53			00/00/00	PLB		2
50510.000	07/01/19	524885	AE	CAFE	19.41	19.41			00/00/00	PLB		2
50510.000	07/01/19	524886	DS	CAFE	14.45	14.45			00/00/00	PLB		2
50510.000	07/01/19	524887	CA	CAFE	611.98	611.98			00/00/00	PLB		2

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Issued 08/15/19

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 07/31/2019 through 08/01/2019
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	5,147.30	481.24
01-2	Physician Services- Anesthesia	546.00	147.77
02	Prescription Drugs	254.58	254.58
08	Rural Health Clinics	1,242.00	1,169.62
11	Reimbursements	0.00	-4,535.15
14	Mmc - Hospital Outpatient	29,364.68	9,431.60
15	Mmc - Er Bills	1,355.00	433.60
	Expenditures	38,075.10	12,083.95
	Reimb/Adjustments	-165.54	-4,700.69
	Grand Total	**37,909.56**	**7,383.26**

EXPENSES	4,166.67
	11,549.93
COPAYS	<180.00>
TOTAL	11,369.93

APPROVED
ON
AUG 19 2019
BY
CALHOUN COUNTY AUDITOR

©IHS
Issued 08/15/19

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 01/31/2019 through 08/01/2019
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	57,480.65	6,351.30
01-2	Physician Services- Anesthesia	6,708.00	1,890.79
02	Prescription Drugs	1,841.68	1,841.68
08	Rural Health Clinics	13,726.14	12,439.50
11	Reimbursements	0.00	-4,535.15
13	Mmc - Inpatient Hospital	8,618.00	4,998.44
14	Mmc - Hospital Outpatient	210,599.93	67,688.61
15	Mmc - Er Bills	61,147.00	19,567.04
	Expenditures	360,633.75	115,371.23
	Reimb/Adjustments	-512.35	-5,129.02
	Grand Total	**360,121.40**	**110,242.21**

EXPENSES	29,166.69
	139,408.90
COPAYS	<1,490.00>
TOTAL	137,918.90

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	2	1	1	18	6
April	2	0	0	20	4
May	1	2	0	21	2
June	0	0	1	20	4
July	0	1	0	20	3
August					
September					
October					
November					
December					
YTD					
Monthly Avg	1	1	1	19	4
December 2018 Active		21			

Number of Charity patients	235
Number of Charity patients below 100% FPL	134

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	4	8	1	94	$13,174.77
April	8	12	0	102	$42,108.25
May	5	15	0	107	$51,395.05
June	3	9	0	110	$28,998.17
July	1	5	0	111	$15,135.00
August					
September					
October					
November					
December					
YTD PATIENT SAVINGS					
Monthly Avg	4	11	0	101	$29,726.94
					0
December 2018 Active		87			

PROSPERITY BANK®

Statement Date 7/31/2019
Account No

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

12938

STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No

07/01/2019	Beginning Balance				$8,448.45
	4 Deposits/Other Credits			+	$19,941.90
	7 Checks/Other Debits			-	$18,753.68
07/31/2019	Ending Balance	31	Days in Statement Period		$9,636.67
	Total Enclosures				10

DEPOSITS/OTHER CREDITS

Date	Description	Amount
07/01/2019	Deposit	$18,556.64
07/05/2019	Deposit	$1,190.00
07/10/2019	Deposit	$190.00
07/31/2019	Accr Earning Pymt Added to Account	$5.26

Replaces Cks 169503 & 171995 #360 - #830-

May PO

June Copy

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12253	07-08	$13,521.32	12256	07-08	$328.44	12259	07-08	$424.24
12254	07-08	$4,166.67	12257	07-26	$46.73			
12255	07-17	$233.01	12258	07-12	$33.27			

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
07-01	$27,005.09	07-10	$9,944.42	07-26	$9,631.41
07-05	$28,195.09	07-12	$9,911.15	07-31	$9,636.67
07-08	$9,754.42	07-17	$9,678.14		

EARNINGS SUMMARY

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

Interest Paid This Period	$5.26	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	$33.66	Days in Earnings Period	31
		Earnings Balance	$13,756.48

0000

1012271 : 01293801

THE COUNTY OF CALHOUN TEXAS July Account No 216844551

DEPOSIT TICKET — PROSPERITY BANK
Name: Cal Co Indigent
Checks: 1855664
$ 18556.64
⑆5217⑆2655⑆ 151

7/1/2019 $18,556.64

DEPOSIT TICKET — PROSPERITY BANK
THE COUNTY OF CALHOUN TEXAS
CAL CO INDIGENT HEALTHCARE
Date: 7/5/19
830.88
360.00
Total 1190.00
Total items 2
$ 1190.00
⑆113122655⑆ 151

7/5/2019 $1,190.00

DEPOSIT TICKET — PROSPERITY BANK
Name: County County
$ 190.00
⑆5217⑆2655⑆ 151

7/10/2019 $190.00

CALHOUN COUNTY INDIGENT HEALTHCARE
202 S. ANN ST. STE A
PORT LAVACA, TX 77979
PROSPERITY BANK 88-2265/1131
012253
10050 12253
DATE AMOUNT
07/01/19 $13,521.32
Thirteen Thousand Five Hundred Twenty-One Dollars and Thirty-Two Cents
PAY TO THE ORDER OF MEMORIAL MEDICAL CENTER
ATTN: BUSINESS OFFICE
PO BOX 25
PORT LAVACA, TX 77979
CALHOUN COUNTY AUDITOR
CALHOUN COUNTY TREASURER
⑈012253⑈ ⑆113122655⑆

7/8/2019 12253 $13,521.32

CALHOUN COUNTY INDIGENT HEALTHCARE
202 S. ANN ST. STE A
PORT LAVACA, TX 77979
PROSPERITY BANK 88-2265/1131
012254
10050 12254
DATE AMOUNT
07/01/19 $4,166.67
Four Thousand One Hundred Sixty-Six Dollars and Sixty-Seven Cents
PAY TO THE ORDER OF MEMORIAL MEDICAL CENTER
ATTN: BUSINESS OFFICE
PO BOX 25
PORT LAVACA, TX 77979
CALHOUN COUNTY AUDITOR
CALHOUN COUNTY TREASURER
⑈012254⑈ ⑆113122655⑆

7/8/2019 12254 $4,166.67

CALHOUN COUNTY INDIGENT HEALTHCARE
202 S. ANN ST. STE A
PORT LAVACA, TX 77979
PROSPERITY BANK 88-2265/1131
012255
11676 12255
DATE AMOUNT
07/01/19 $233.01
Two Hundred Thirty-Three Dollars and One Cent
PAY TO THE ORDER OF KSS OF PORT LAVACA LLC
PO BOX 96118
OKLAHOMA CITY, OK 73143
CALHOUN COUNTY AUDITOR
CALHOUN COUNTY TREASURER
⑈012255⑈ ⑆113122655⑆

7/17/2019 12255 $233.01

CALHOUN COUNTY INDIGENT HEALTHCARE
202 S. ANN ST. STE A
PORT LAVACA, TX 77979
PROSPERITY BANK 88-2265/1131
012256
11788 12256
DATE AMOUNT
07/01/19 $328.44
Three Hundred Twenty-Eight Dollars and Forty-Four Cents
PAY TO THE ORDER OF MEMORIAL MEDICAL CENTER
PHARMACY REIMBURSEMENT
CALHOUN COUNTY AUDITOR
CALHOUN COUNTY TREASURER
⑈012256⑈ ⑆113122655⑆

7/8/2019 12256 $328.44

CALHOUN COUNTY INDIGENT HEALTHCARE
202 S. ANN ST. STE A
PORT LAVACA, TX 77979
PROSPERITY BANK 88-2265/1131
012257
10071 12257
DATE AMOUNT
07/01/19 $46.73
Forty-Six Dollars and Seventy-Three Cents
PAY TO THE ORDER OF MICHELLE M. CUMMINS, M.D.
ATTN: RUBY
1300 N VIRGINIA STREET #112
PORT LAVACA, TX 77979
CALHOUN COUNTY AUDITOR
CALHOUN COUNTY TREASURER
⑈012257⑈ ⑆113122655⑆

7/26/2019 12257 $46.73

CALHOUN COUNTY INDIGENT HEALTHCARE
202 S. ANN ST. STE A
PORT LAVACA, TX 77979
PROSPERITY BANK 88-2265/1131
012258
10076 12258
DATE AMOUNT
07/01/19 $33.27
Thirty-Three Dollars and Twenty-Seven Cents
PAY TO THE ORDER OF REGIONAL EMPLOYEE ASSISTANCE PROGRAM, INC
PO BOX 8691
BELFAST, ME 04915-8691
CALHOUN COUNTY AUDITOR
CALHOUN COUNTY TREASURER
⑈012258⑈ ⑆113122655⑆

7/12/2019 12258 $33.27

CALHOUN COUNTY INDIGENT HEALTHCARE
202 S. ANN ST. STE A
PORT LAVACA, TX 77979
PROSPERITY BANK 88-2265/1131
012259
10081 12259
DATE AMOUNT
07/01/19 $424.24
Four Hundred Twenty-Four Dollars and Twenty-Four Cents
PAY TO THE ORDER OF VICTORIA ANESTHESIOLOGY, LLP
P O BOX 4897
HOUSTON, TX 77210
CALHOUN COUNTY AUDITOR
CALHOUN COUNTY TREASURER
⑈012259⑈ ⑆113122655⑆

7/8/2019 12259 $424.24

0000

RUN DATE:06/27/19 MEMORIAL MEDICAL CENTER PAGE 1
TIME:14:04 CHECK REGISTER GLCKREG
06/27/19 THRU 06/27/19

BANK	CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	*	160243	06/27/19	200.00CR	GULF COAST DELIVERY
A/P	*	162174	06/27/19	1,308.61CR	WAGEWORKS (DO NOT USE)
A/P	*	163177	06/27/19	1,308.61CR	WAGEWORKS (DO NOT USE)
A/P	*	166850	06/27/19	780.00CR	LIFESOURCE EDUCATIONAL SRV LLC
A/P	*	168595	06/27/19	78.30CR	DOWNTOWN CLEANERS
A/P	*	169503	06/27/19	360.00CR	CALHOUN COUNTY
A/P	*	171995	06/27/19	830.00CR	CALHOUN COUNTY INDIGENT ACCOUN
A/P		181246	06/27/19	360.00	CALHOUN COUNTY
A/P		181247	06/27/19	830.00	CALHOUN COUNTY INDIGENT ACCOUN
TOTALS:				3,675.52CR	

#181246 replaces o/s check #169503. IBC account was closed.

#181247 replaces o/s check #171995. IBC account was closed.

APPROVED
ON

JUL 01 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

C1048 CALHOUN COUNTY
202 S ANN STREET, PORT LAVACA, TX 77979

169503

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
21650	01/06/17	360.00			360.00
CHECK NO. 169503 011217	TOTALS	360.00	TOTALS		360.00

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

169503

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
21650	01/06/17	360.00			360.00
CHECK NO. 169503	TOTALS	360.00	TOTALS		360.00

MEMORIAL
MEDICAL CENTER

815 N. Virginia Street Port Lavaca, TX 77979
(361) 552-6713

INTERNATIONAL BANK OF COMMERCE
PORT LAVACA, TEXAS 77979
88-502
1131

169503

C1048 169503

DATE 01/12/17

AMOUNT $360.00

Three Hundred Sixty Dollars and No Cents

PAY TO THE ORDER OF
CALHOUN COUNTY
202 S ANN STREET
SUITE B
PORT LAVACA, TX 77979

Erica Perez
CALHOUN COUNTY AUDITOR

Rhonda S. Havens
CALHOUN COUNTY TREASURER

21650 C1048

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Calhoun County Indigent Account

Date Requested: 1/6/2017

APPROVED ON JAN 1 1 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $360.00

G/L NUMBER: 50240000

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

December 2016.

REQUESTED BY: Adam Machicek

AUTHORIZED BY:

Please make sure to pay in Jan

11295 CALHOUN COUNTY INDIGENT A
202 S ANN ST, SUITE B, PORT LAVACA, TX 77979

171995

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
000058	07/10/17	830.00			830.00
CHECK NO. 171995 071417	TOTALS	830.00	TOTALS		830.00

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

171995

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
000058	07/10/17	830.00			830.00
CHECK NO. 171995	TOTALS	830.00	TOTALS		830.00

MEMORIAL MEDICAL CENTER

815 N. Virginia Street Port Lavaca, TX 77979
(361) 552-6713

INTERNATIONAL BANK OF COMMERCE
PORT LAVACA, TEXAS 77979
88-502
1131

171995

11295 171995

DATE 07/14/17

AMOUNT $830.00

Eight Hundred Thirty Dollars and No Cents

PAY TO THE ORDER OF
CALHOUN COUNTY INDIGENT ACCOUN
202 S ANN ST, SUITE B
PORT LAVACA, TX 77979

Gina Perez
CALHOUN COUNTY AUDITOR

Rhonda S. Teixeira
CALHOUN COUNTY TREASURER

MEMORIAL MEDICAL CENTER
CHECK REQUEST

080358

PAY TO: Calhoun County Indigent Account

Date Requested: 7/10/2017

APPROVED ON JUL 14 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $830.00 EEC

G/L NUMBER: 50240000

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

June 2017

REQUESTED BY: Adam Machicek

AUTHORIZED BY: JA

POSTED

MEMORIAL MEDICAL CENTER
RECEIVED
JUL 12 2017
ACCOUNTS PAYABLE