

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- September 26, 2018

by: DC

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

Adu Sports Medicine Clinic	233.65
Community Pathology Association	257.18
Michelle M. Cummins MD	350.8
HEB Pharmacy (Medimpact) Pharmacy Reimbursement	44.71
MMCcenter (In-patient \$11,279.52 / Out-patient \$5,534.11/ ER \$5,160.92)	21,974.55
Memorial Medical Clinic	1743.81
Singleton Associates, PA	249.40
Victoria Eye Center	65.22

SUBTOTAL	24,919.32
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)	4,166.67
	<hr/>
Subtotal	29,085.99
Co-pays adjustments for July ^{August} 2018	(260.00)
Reimbursement from Medicaid	0.00

TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	28,825.99
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APPROVED

SEP 26 2018

CALHOUN COUNTY
COMMISSIONERS COURT


800 009262018 01 CALHOUN COUNTY, TEXAS

DATE: 9/26/2018

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			\$28,825.99
	approved by Commissioners Court on 09/26/2018			
1000-001-46010	August Interest (\$2.13)			(\$2.13)
				\$28,823.86

APPROVED ON SEP 14 2018 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS	COUNTY AUDITOR APPROVAL ONLY	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:  9/26/18
		DEPARTMENT HEAD DATE

MEMORIAL MEDICAL CENTER

So Much... So Close!

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

Date: 9/7/2018
Invoice # 323
For: Aug-18

Bill To:
Calhoun County

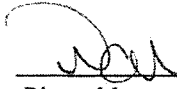
DESCRIPTION	AMOUNT
Funds to cover Indigent program operating expenses.	\$ 4,166.67

APPROVED
ON

SEP 14 2018

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Total \$ 4,166.67

 CFO

Diane Moore
CFO

Copy

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Calhoun County Indigent Account

Date Requested: 9/7/18

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APPROVED
ON

SEP 07 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

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

AMOUNT \$260.00

G/L NUMBER: 50240000

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

August, 2018

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

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	0	0	2	16	1
July	1	0	0	17	3
August	2	1	6	13	2
September					
October					
November					
December					
YTD					
Monthly Avg	2	2	3	18	3
December 2017 Active		18			

Calhoun County Pharmacy Assistance Patient Caseload 2018

	Approved	Refills	Removed	Active	Value
January	0	5	0	32	\$5,006.00
February	5	9	0	37	\$26,999.00
March	5	9	0	42	\$18,184.00
April	0	6	0	42	\$16,769.61
May	10	7	0	52	\$16,330.00
June	3	6	0	55	\$39,699.96
July	2	3	0	57	\$14,029.00
August	8	6	0	63	\$19,964.75
September					
October					
November					
December					
YTD PATIENT SAVINGS					\$156,982.32
Monthly Avg	4	6	-	48	\$19,622.79
December 2017 Active		32			0

Source Totals Report
 Calhoun Indigent Health Care
 Batch Dates 09/01/2018 through 09/01/2018
 For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	6,235.75	1,156.25
02	Prescription Drugs	51.18	44.71
08	Rural Health Clinics	1,760.00	1,743.81
13	Mmc - Inpatient Hospital	20,142.00	11,279.52
14	Mmc - Hospital Outpatient	17,021.44	5,534.11
15	Mmc - Er Bills	16,127.86	5,160.92
Expenditures		61,338.23	24,919.32
Reimb/Adjustments			
Grand Total		61,338.23	24,919.32
EXPENSES			4,166.67
			29,085.99
COPAYS			<260.00>
			28,825.99
MEDICAID REIMBURSEMENTS			0.00
TOTAL			28,825.99

Source Totals Report
 Calhoun Indigent Health Care
 Batch Dates 02/01/2018 through 09/01/2018
 For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	44,580.75	6,472.38
01-2	Physician Services- Anesthesia	4,056.00	1,066.16
02	Prescription Drugs	1,999.24	1,800.77
05	Lab/X-Ray	331.00	79.39
08	Rural Health Clinics	11,877.60	10,395.66
11	Reimbursements	0.00	-102.10
13	Mmc - Inpatient Hospital	71,483.97	39,227.30
14	Mmc - Hospital Outpatient	160,883.62	52,195.95
15	Mmc - Er Bills	36,092.86	11,539.72
Expenditures		331,744.53	123,216.82
Reimb/Adjustments		-439.49	-541.59
Grand Total		331,305.04	122,675.23
EXPENSES			33,333.36
			156,008.59
COPAYS			<1,700.00>
			154,308.59
MEDICAID REIMBURSEMENT			<2,792.98>
2018 YEAR TO DATE TOTAL			151,515.61



PROSPERITY BANK®

Statement Date 8/31/2018

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

13295

STATEMENT SUMMARY

Public Fund Contractual Ckg w Int Account No

08/01/2018	Beginning Balance			\$4,344.68
	3 Deposits/Other Credits	+		\$27,141.77
	10 Checks/Other Debits	-		\$27,183.90
08/31/2018	Ending Balance	31	Days in Statement Period	\$4,302.55
	Total Enclosures			12

DEPOSITS/OTHER CREDITS

Date	Description	Amount
08/09/2018	Deposit	\$26,969.59
08/16/2018	Deposit	\$170.00
08/31/2018	Accr Earning Pymt Added to Account	\$2.18

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12138	08-10	\$4,166.67	12142	08-20	\$98.98	12147*	08-16	\$119.23
12139	08-10	\$18,927.97	12143	08-10	\$277.85	12148	08-14	\$730.90
12140	08-20	\$280.38	12144	08-15	\$1,700.62			
12141	08-17	\$213.84	12145	08-10	\$667.46			

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
08-01	\$4,344.68	08-14	\$6,543.42	08-17	\$4,679.73
08-09	\$31,314.27	08-15	\$4,842.80	08-20	\$4,300.37
08-10	\$7,274.32	08-16	\$4,893.57	08-31	\$4,302.55

EARNINGS SUMMARY

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

Interest Paid This Period	\$2.18	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	\$28.79	Days in Earnings Period	31

MEMBER FDIC



NYSE Symbol "PB"

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101391 : 01329501