

**MEMORIAL MEDICAL CENTER**

**COMMISSIONERS COURT APPROVAL LIST FOR ---- October 30, 2019**

by: CT

**INDIGENT HEALTHCARE FUND:**

**INDIGENT EXPENSES**

Clinical Pathology Labs	57.48
Michelle M. Cummins MD	46.73
HEB Pharmacy (Medimpact) Pharmacy Reimbursement	320.87
MMCenter (In-patient \$ 0.00/ Out-patient \$8,335.57 / ER \$1,160.00)	9,495.57
Memorial Medical Clinic	1,383.24
Port Lavaca Clinic	103.63
Regional Employee Assistance	52.78
Victoria Eye Center	68.7
Victoria Anesthesiology Assoc	443.30
<b>SUBTOTAL</b>	<b>11,972.30</b>
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)	<b>4,166.67</b>
Subtotal	16,138.97
Co-pays adjustments for September 2019	(150.00)
Reimbursement from Medicaid	0.00

<b>TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES</b>	<b>15,988.97</b>
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**APPROVED**

OCT 30 2019

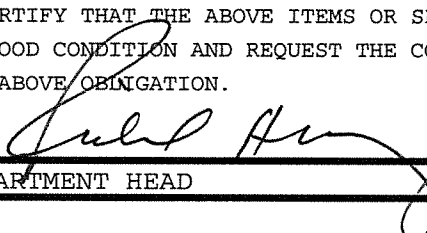
**CALHOUN COUNTY  
COMMISSIONERS COURT**

00 0010302019 0 CALHOUN COUNTY, TEXAS

DATE: 10/30/2019

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 approved by Commissioners Court on 10/30/2019			\$15,988.97
1000-001-46010	September 30, 2019 interest			(\$2.64)
				\$15,986.33
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.			
APPROVED ON OCT 14 2019 BY CALHOUN COUNTY AUDITOR	BY: 		10/30/19	
	DEPARTMENT HEAD		DATE	

# MEMORIAL MEDICAL CENTER

*So Much... So Close!*


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

Date: 10/4/2019  
Invoice # 336  
For: Sep-19

Bill To:  
Calhoun County

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

Total \$ 4,166.67

  
Diane Moore  
CFO

CFO 10-4-19

APPROVED  
ON  
OCT 14 2019  
BY  
CALHOUN COUNTY AUDITOR

©IHS

Issued 10/11/19

**Source Totals Report**  
 Calhoun Indigent Health Care  
 Batch Dates 02/01/2019 through 10/01/2019  
 For Source Group Indigent Health Care  
 For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	64,135.70	7,348.37
01-2	Physician Services- Anesthesia	9,594.00	2,658.23
02	Prescription Drugs	2,427.33	2,427.33
08	Rural Health Clinics	17,569.14	15,806.70
11	Reimbursements	0.00	-4,535.15
13	Mmc - Inpatient Hospital	8,618.00	4,998.44
14	Mmc - Hospital Outpatient	252,396.97	81,185.80
15	Mmc - Er Bills	76,139.00	24,364.48
<b>Expenditures</b>		431,565.43	139,556.16
<b>Reimb/Adjustments</b>		-685.29	-5,301.96
<b>Grand Total</b>		<b>430,880.14</b>	<b>134,254.20</b>
<b>EXPENSES</b>			<b>37,500.03</b>
			<b>171,754.23</b>
<b>COPAYS</b>			<b>&lt;1,770.00&gt;</b>
			<b>169,984.23</b>
<b>MEDICAID REIMBURSEMENT</b>			<b>&lt;0&gt;</b>
<b>TOTAL</b>			<b>169,984.23</b>



Statement Date 9/30/2019

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

12806

## STATEMENT SUMMARY

Public Fund Contractual Ckg w Int Account No

09/01/2019	Beginning Balance			\$21,360.48
	2 Deposits/Other Credits		+	\$132.64
	7 Checks/Other Debits		-	\$16,085.08
09/30/2019	Ending Balance	30	Days in Statement Period	\$5,408.04
	Total Enclosures			8

## DEPOSITS/OTHER CREDITS

Date	Description	Amount
09/20/2019	Deposit	\$130.00
09/30/2019	Accr Earning Pymt Added to Account	\$2.64

*Copy August*

## CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12272	09-04	\$4,166.67	12275	09-04	\$254.58	12279	09-10	\$380.10
12273	09-11	\$101.14	12276	09-06	\$1,169.62			
12274	09-04	\$9,865.20	12278*	09-09	\$147.77			

## DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
09-01	\$21,360.48	09-09	\$5,756.64	09-20	\$5,405.40
09-04	\$7,074.03	09-10	\$5,376.54	09-30	\$5,408.04
09-06	\$5,904.41	09-11	\$5,275.40		

## EARNINGS SUMMARY

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

Interest Paid This Period	\$2.64	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	\$42.84	Days in Earnings Period	30
		Earnings Balance	\$7,133.80

**Source Totals Report**  
 Calhoun Indigent Health Care  
 Batch Dates 10/01/2019 through 10/01/2019  
 For Source Group Indigent Health Care  
 For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	908.25	225.69
01-2	Physician Services- Anesthesia	1,716.00	443.30
02	Prescription Drugs	320.87	320.87
08	Rural Health Clinics	1,706.00	1,486.87
14	Mmc - Hospital Outpatient	25,776.03	8,335.57
15	Mmc - Er Bills	3,625.00	1,160.00
<b>Expenditures</b>		34,095.68	12,015.83
<b>Reimb/Adjustments</b>		-43.53	-43.53
<b>Grand Total</b>		<b>34,052.15</b>	<b>11,972.30</b>
<b>EXPENSES</b>			<b>4,166.67</b>
			<b>16,138.97</b>
<b>COPAYS</b>			<b>&lt;150.00&gt;</b>
			<b>15,988.97</b>
<b>MEDICAID REIMBURSEMENT</b>			<b>&lt;0&gt;</b>
			<b>15,988.97</b>

APPROVED  
 ON  
 OCT 14 2019  
 BY  
 CALHOUN COUNTY AUDITOR