

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- December 23, 2019

by: CT

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

HEB Pharmacy (Medimpact) Pharmacy Reimbursement	248.52
MMCenter (In-patient \$ 0.00/ Out-patient \$3,428.48 / ER \$-347.52)	3,080.96
Memorial Medical Clinic	1,870.62
MMC Professional Fees	411.38
Port Lavaca Clinic	207.26
Singleton Associates, PA	24.59
Victoria Anesthesiology Assoc	149.36
Victoria Kidney & Dialysis	46.73

SUBTOTAL		6,039.42
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		4,166.67
	Subtotal	10,206.09
Co-pays adjustments for November 2019		(110.00)
Reimbursement from Medicaid		0.00

TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	10,096.09
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APPROVED

DEC 23 2019

**CALHOUN COUNTY
COMMISSIONERS COURT**

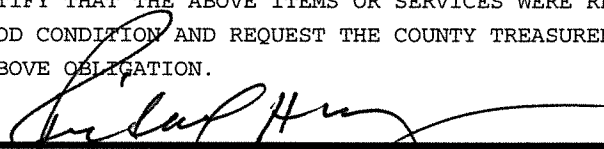
00 0012232019 0 CALHOUN COUNTY, TEXAS

DATE: 12/23/2019

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 12/23/2019			\$10,096.09
1000-001-46010	November 30, 2019 interest			(\$3.70)
				\$10,092.39

COUNTY AUDITOR APPROVAL ONLY ON DEC 13 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:  DEPARTMENT HEAD	12/23/09 DATE
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MEMORIAL MEDICAL CENTER

So Much... So Close!

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

Date: 12/4/2019
Invoice # 338
For: Nov-19

Bill To:
Calhoun County

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

DEC - 9 2019

BY
CALHOUN COUNTY AUDITOR

Total \$ 4,166.67

 CFO

Diane Moore
CFO

MEMORIAL MEDICAL CENTER
CHECK REQUEST

Copy

P Calhoun County Indigent Account

Date Requested: 12/4/2019

A

APPROVED
ON

Y

DEC 05 2019

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COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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FOR ACCT. USE ONLY

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

AMOUNT \$110.00

G/L NUMBER: 50240000

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

December, 2019

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:  CFO

MEMORIAL MEDICAL CENTER
RECEIVED

DEC 04 2019

ACCOUNTS PAYABLE

APPROVED
ON

DEC - 9 2019

BY
CALHOUN COUNTY AUDITOR

RUN DATE: 12/04/19
TIME: 15:41

MEMORIAL MEDICAL CENTER
RECEIPTS FROM 11/01/19 TO 11/30/19

PAGE 110
RCMRBP

G/L NUMBER	RECEIPT PAY DATE	NUMBER	TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	COLL GL CASH INIT CODE ACCOUNT
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50240.000	11/22/19	537484	CA		10.00	10.00			00/00/00	CAS 2
50240.000	11/01/19	535596	CA		10.00	10.00			00/00/00	PLB 2
50240.000	11/11/19	536527	CA		10.00	10.00			00/00/00	PLB 2
50240.000	11/14/19	536724	CA		10.00	10.00			00/00/00	PLB 2
50240.000	11/15/19	536810	CA		10.00	10.00			00/00/00	PLB 2
50240.000	11/19/19	537038	CA		10.00	10.00			00/00/00	PLB 2
50240.000	11/25/19	537628	CA		10.00	10.00			00/00/00	PLB 2
50240.000	11/25/19	537643	CK		10.00	10.00			00/00/00	PLB 2
50240.000	11/27/19	537810	CA		10.00	10.00			00/00/00	PLB 2
50240.000	11/27/19	537816	CA		10.00	10.00			00/00/00	PLB 2
50240.000	11/01/19	535502	CA		10.00	10.00			00/00/00	SP 2

TOTAL 50240.000 COUNTY INDIGENT COPAYS

110.00

6wdr RW

CHS
Issued 12/05/19

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 12/01/2019 through 12/01/2019
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	3,620.80	482.70
01-2	Physician Services- Anesthesia	546.00	149.36
02	Prescription Drugs	248.52	248.52
08	Rural Health Clinics	2,244.00	2,077.88
14	Mmc - Hospital Outpatient	10,714.01	3,428.48
15	Mmc - Er Bills	-1,086.00	-347.52
	Expenditures	17,396.13	6,409.74
	Reimb/Adjustments	-1,108.80	-370.32
	Grand Total	16,287.33	6,039.42
	EXPENSES		\$4166.67
			\$10,206.09
	COPAYS		<\$110.00>
	TOTAL		\$10,096.09

and CFO



PROSPERITY BANK®

Statement Date 11/30/2019
Account No

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

Page 1 of 2

12756

STATEMENT SUMMARY

Public Fund Contractual Ckg w Int Account No

11/01/2019	Beginning Balance			\$5,425.20
	3 Deposits/Other Credits	+		\$16,160.03
	8 Checks/Other Debits	-		\$15,988.61
11/30/2019	Ending Balance		30 Days in Statement Period	\$5,596.62
	Total Enclosures			10

DEPOSITS/OTHER CREDITS

Date	Description	Amount
11/07/2019	Deposit	\$15,986.33
11/25/2019	Deposit	\$170.00
11/30/2019	Accr Earning Pymt Added to Account	\$3.70

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12293	11-19	\$57.48	12296	11-15	\$9,495.57	12301	11-19	\$443.30
12294	11-15	\$4,166.67	12297	11-19	\$1,383.24	12302	11-22	\$68.70
12295	11-15	\$320.87	12300*	11-21	\$52.78			

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
11-01	\$5,425.20	11-19	\$5,544.40	11-25	\$5,592.92
11-07	\$21,411.53	11-21	\$5,491.62	11-30	\$5,596.62
11-15	\$7,428.42	11-22	\$5,422.92		

EARNINGS SUMMARY

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

Interest Paid This Period	\$3.70	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	\$50.24	Days in Earnings Period	30
		Earnings Balance	\$9,998.79

MEMBER FDIC



NYSE Symbol "PB"

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101461 : 01275601

Source Totals Report
 Calhoun Indigent Health Care
 Batch Dates 02/01/2019 through 12/01/2019
 For Source Group Indigent Health Care
 For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	72,136.30	8,717.62
01-2	Physician Services- Anesthesia	10,140.00	2,807.59
02	Prescription Drugs	2,876.04	2,876.04
08	Rural Health Clinics	19,813.14	17,884.58
11	Reimbursements	0.00	-4,535.15
13	Mmc - Inpatient Hospital	8,618.00	4,998.44
14	Mmc - Hospital Outpatient	271,823.00	87,524.27
15	Mmc - Er Bills	76,230.00	24,393.60
Expenditures		463,581.65	150,490.35
Reimb/Adjustments		-1,945.17	-5,823.36
Grand Total		461,636.48	144,666.99
		EXPENSES	\$45,833.34
			\$190,500.33
		COPAYS	<\$2,050.00>
		TOTAL	\$188,450.33

OK WEL CEO

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	0	0	0	20	7
September	3	0	4	18	12
October	6	3	6	15	7
November	3	1	1	16	4
December					

YTD

Monthly Avg	2	1	2	18	5
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December 2018 Active 21

Number of Charity patients 234

Number of Charity patients below 100% FPL 145

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	0	6	0	111	\$12,366.67
September	0	9	1	110	\$9,677.53
October	2	12	1	111	\$11,622.77
November	1	10	0	112	\$16,804.00
December					

YTD PATIENT SAVINGS

Monthly Avg	3	10	0	105	\$23,505.41
					0

December 2018 Active 87

✕ Cancel

+ Add

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Bill Listing

Page 1 of 1 Total Items= 4

	Invoice #	Batch Date	Check #	Amt Bill	1st DOS	Entry Date	Total	Clier
	006734*10091*13	11/01/2019		40.00	10/28/2019	11/07/2019	30.25	ANDI ZINE
	006734*10091*12	10/01/2019	012296	1,086.00	08/20/2019	09/18/2019	347.52	ANDI ZINE
	006734*10091*11	09/01/2019	012284	1,086.00	08/21/2019	08/26/2019	347.52	ANDI ZINE
	006734*10091*10	09/01/2019	012284	1,106.00	08/08/2019	08/20/2019	353.92	ANDI ZINE

