

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- January 20, 2021

by:CT

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

HEB Pharmacy (Medimpact) Pharmacy Reimbursement	70.55
MMCenter (In-patient \$0/ Out-patient \$2,776.51/ ER \$1,925.12)	4,701.63
Memorial Medical Clinic	400.00
MMC Professional Fees	261.69
Port Lavaca Clinic Associates	103.63
Singleton Associates, PA	135.25
SUBTOTAL	5,672.75
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)	4,166.67
	Subtotal 9,839.42
Co-pays adjustments for December 2020	(120.00)
Reimbursement from Medicaid	0.00

TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	9,719.42
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APPROVED

JAN 20 2021

**CALHOUN COUNTY
COMMISSIONERS COURT**

00 000001202021 CALHOUN COUNTY, TEXAS

DATE: 1/20/2021

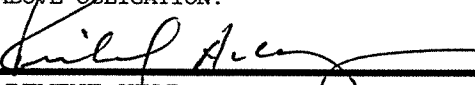
CC Indigent Health Care

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			\$9,719.42
	approved by Commissioners Court on 01/20/2021			
1000-001-46010	December 31, 2020 Interest			(\$2.64)
				\$9,716.78

COUNTY AUDITOR
APPROVAL ONLY

APPROVED
ON
JAN - 8
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:  1/20/2021
DEPARTMENT HEAD DATE

©IHS
Issued 01/04/21

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 12/30/2020 through 12/31/2020
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	3,880.00	396.94 ✓
02	Prescription Drugs	70.55	70.55 ✓
08	Rural Health Clinics	566.00	503.63 ✓
14	Mmc - Hospital Outpatient	8,513.01	2,776.51 ✓
15	Mmc - Er Bills	6,016.00	1,925.12 ✓
	Expenditures	19,058.46	5,685.65
	Reimb/Adjustments	-12.90	-12.90
	Grand Total	19,045.56	5,672.75

EXPENSES 4,166.67

9,839.42

COPAYS <120.00> ✓

TOTAL 9,719.42



APPROVED
ON
JAN - 8 2021
BY
CALHOUN COUNTY AUDITOR

MEMORIAL MEDICAL CENTER

So Much... So Close!

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

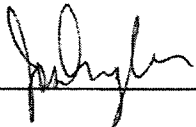
Date: 1/11/2021
Invoice # 352
For: Dec-20

Bill To:
Calhoun County

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



Jason Anglin
CEO

APPROVED
ON

JAN - 8 2021

BY
CALHOUN COUNTY AUDITOR

RUN DATE: 01/07/21
TIME: 08:26

MEMORIAL MEDICAL CENTER
RECEIPTS FROM 12/02/20 TO 12/31/20

PAGE 122
RCMREP

G/L	RECEIPT PAY	CASH	RECEIPT	DISC	COLL GL CASH
NUMBER	DATE NUMBER TYPE PAYER	AMOUNT	AMOUNT NUMBER NAME	DATE	INIT CODE ACCOUNT

50240.000	12/15/20	571680		10.00	10.00	00/00/00	CAS	2
50240.000	12/14/20	571642		10.00	10.00	00/00/00	GEM	2
50240.000	12/14/20	571643		10.00	10.00	00/00/00	GEM	2
50240.000	12/14/20	571546		10.00	10.00	00/00/00	JJG	2
50240.000	12/04/20	570890		10.00	10.00	00/00/00	PLB	2
50240.000	12/09/20	571193		10.00	10.00	00/00/00	PLB	2
50240.000	12/18/20	572047		10.00	10.00	00/00/00	PLB	2
50240.000	12/21/20	572352		10.00	10.00	00/00/00	PLB	2
50240.000	12/22/20	572356		10.00	10.00	00/00/00	PLB	2
50240.000	12/22/20	572413		10.00	10.00	00/00/00	PLB	2
50240.000	12/24/20	572584		10.00	10.00	00/00/00	PLB	2
50240.000	12/31/20	572992		10.00	10.00	00/00/00	PLB	2

TOTAL 50240.000 COUNTY INDIGENT COPAYS

120.00





PROSPERITY BANK®

Statement Date 12/31/2020

Account No ****4551

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

13554

STATEMENT SUMMARY

Public Fund Contractual Ckg w Int Account No ****4551

12/01/2020	Beginning Balance		\$5,489.40
	3 Deposits/Other Credits	+	\$14,565.98
	6 Checks/Other Debits	-	\$14,636.67
12/31/2020	Ending Balance	31 Days in Statement Period	\$5,418.71
	Total Enclosures		8

DEPOSITS/OTHER CREDITS

Date	Description	Amount
12/07/2020	Deposit	\$14,553.34
12/21/2020	Deposit	\$10.00
12/31/2020	Accr Earning Pymt Added to Account	\$2.64

Oct PG
 Copy Nov

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12412	12-29	\$105.40	12414	12-10	\$98.75	12416	12-14	\$103.63
12413	12-10	\$4,166.67	12415	12-10	\$10,105.55	12417	12-18	\$56.67

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
12-01	\$5,489.40	12-14	\$5,568.14	12-29	\$5,416.07
12-07	\$20,042.74	12-18	\$5,511.47	12-31	\$5,418.71
12-10	\$5,671.77	12-21	\$5,521.47		

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	\$31.68	Days in Earnings Period	31
		Earnings Balance	\$6,934.79

MEMBER FDIC



NYSE Symbol "PB"

0000

101371 : 01355401

Calhoun County Indigent Care Patient Caseload 2020

	Approved	Denied	Removed	Active	Pending
January	0	2	1	17	2
February	0	1	2	15	2
March	0	0	1	15	1
April	1	0	6	10	2
May	1	2	0	11	1
June	0	0	0	11	0
July	0	0	0	11	1
August	1	0	1	10	1
September	1	0	0	11	4
October	0	2	0	8	6
November	1	0	1	8	6
December	1	1	0	9	7

YTD

Monthly Avg 1 1 1 11 3

December 2019 Active 18

Number of Charity patients 220

Number of Charity patients below 50% FPL 71

Calhoun County Pharmacy Assistance Patient Caseload 2019

	Approved	Refills	Removed	Active	Value
January	0	2	0	114	\$116.00
February	3	6	0	110	\$12,514.00
March	3	3	1	112	\$10,108.00
April	1	6	0	111	\$26,370.00
May	1	3	0	112	\$9,424.00
June	2	6	0	114	\$38,390.00
July	1	5	0	115	\$28,973.00
August	2	3	1	116	\$15,553.00
September	3	3	0	119	\$9,813.00
October	4	6	1	123	\$29,980.00
November	3	12	0	126	\$32,638.00
December	8	10	0	134	\$39,218.00

YTD PATIENT SAVINGS \$252,981.00

Monthly Avg 3 5 0 117 \$21,091.42
0

December 2019 Active 112



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Issued 01/04/21

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 02/01/2020 through 12/31/2020
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	35,060.44	4,440.59
01-2	Physician Services- Anesthesia	5,382.00	1,506.29
02	Prescription Drugs	1,692.29	1,692.29
08	Rural Health Clinics	9,574.00	8,315.96
11	Reimbursements	0.00	-33.27
13	Mmc - Inpatient Hospital	86,196.45	39,729.77
14	Mmc - Hospital Outpatient	128,749.09	41,528.99
15	Mmc - Er Bills	25,705.85	8,225.87
	Expenditures	293,089.64	106,169.28
	Reimb/Adjustments	-729.52	-762.79
	Grand Total	292,360.12	105,406.49
	EXPENSES		50,000.02
			155,406.51
	COPAYS		<1,210.00>
	TOTAL		154,196.51

