

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- February ²⁵ 17, 2021

by:CT

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

HEB Pharmacy (Medimpact) Pharmacy Reimbursement	97.88
MMCenter (In-patient \$0/ Out-patient \$3,822.08/ ER \$2,094.08)	5,916.16
Memorial Medical Clinic	960.00
MMC Professional Fees	170.27
Singleton Associates, PA	6.95
SUBTOTAL	7,151.26
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)	4,166.67
	<hr/>
	Subtotal 11,317.93
Co-pays adjustments for January 2021	(90.00)
Reimbursement from Medicaid	0.00
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	11,227.93

APPROVED

FEB 25 2021

**CALHOUN COUNTY
COMMISSIONERS COURT**

25

00 000002172021 CALHOUN COUNTY, TEXAS

DATE:

25
2/17/2021

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 approved by Commissioners Court on 02/17/2021 25			\$11,227.93
1000-001-46010	January 31, 2021 Interest			(\$2.26)
				\$11,225.67

COUNTY AUDITOR APPROVAL	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.
ON FEB 10 2021 BY <i>CT</i> CALHOUN COUNTY AUDITOR	<i>Frank H</i> 2/17/2021
	DEPARTMENT HEAD DATE



PROSPERITY BANK®

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

Statement Date 1/31/2021
 Account No ****4551
 Page 1 of 2

13243

STATEMENT SUMMARY

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

01/01/2021	Beginning Balance		\$5,418.71
	3 Deposits/Other Credits	+	\$7,492.74
	7 Checks/Other Debits	-	\$7,370.95
01/31/2021	Ending Balance	31 Days in Statement Period	\$5,540.50
	Total Enclosures		9

DEPOSITS/OTHER CREDITS

Date	Description	Amount
01/07/2021	Deposit	\$7,370.48
01/21/2021	Deposit	\$120.00
01/31/2021	Accr Earning Pymt Added to Account	\$2.26

and Exp Nov Copied Dec

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12418	01-14	\$33.27	12421	01-08	\$1,975.70	12425*	01-12	\$306.66
12419	01-08	\$4,166.67	12422	01-15	\$631.62			
12420	01-08	\$73.12	12423	01-14	\$183.91			

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
01-01	\$5,418.71	01-12	\$6,267.04	01-21	\$5,538.24
01-07	\$12,789.19	01-14	\$6,049.86	01-31	\$5,540.50
01-08	\$6,573.70	01-15	\$5,418.24		

EARNINGS SUMMARY

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

Interest Paid This Period	\$2.26	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	\$2.26	Days in Earnings Period	31
		Earnings Balance	\$5,922.91

MEMBER FDIC



NYSE Symbol "PB"

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101221 : 01324301

**MEMORIAL
MEDICAL CENTER**



So Much... So Close!

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

Date: 2/5/2021
Invoice # 353
For: Jan-21

Bill To:
Calhoun County

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

Total \$ 4,166.67

Jason Anglin
CEO

APPROVED
ON

FEB 10 2021

BY
CALHOUN COUNTY AUDITOR

©IHS
Issued 02/03/21

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 01/31/2021 through 02/01/2021
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	1,231.00	177.22 ✓
02	Prescription Drugs	97.88	97.88 ✓
08	Rural Health Clinics	960.00	960.00 ✓
14	Mmc - Hospital Outpatient	11,944.01	3,822.08 ✓
15	Mmc - Er Bills	6,544.00	2,094.08 ✓
	Expenditures	20,806.13	7,180.50
	Reimb/Adjustments	-29.24	-29.24
	Grand Total	20,776.89	7,151.26 ✓
		EXPENSES	4,166.67
			11,317.93
		COPAYS	<90.00> ✓
		TOTAL	11,227.93

APPROVED
ON

FEB 10 2021

BY
CALHOUN COUNTY AUDITOR

MEMORIAL MEDICAL CENTER
CHECK REQUEST

Copy

P CALHOUN COUNTY INDIGENT ACCOUNT

Date Requested: 2/5/21

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APPROVED
ON

FEB 11 2021

COUNTY ACCOUNT
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

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

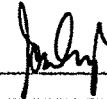
AMOUNT \$90.00

G/L NUMBER: 50240000

EXPLANATION: TO TRANSFER INDIGENT CO-PAYS FROM OPERATING ACCOUNT TO THE INDIGENT

REQUESTED BY: MAYRA MARTINEZ

AUTHORIZED BY:



RUN DATE: 02/03/21
TIME: 08:21

MEMORIAL MEDICAL CENTER
RECEIPTS FROM 01/01/21 TO 01/31/21

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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	01/07/21	573510 CA	10.00	10.00	00/00/00	CAS	2
50240.000	01/05/21	573320 CA	10.00	10.00	00/00/00	FAG	2
50240.000	01/05/21	573471 CA	10.00-	10.00-	00/00/00	PLB	2
50240.000	01/06/21	573472 CA	10.00	10.00	00/00/00	PLB	2
50240.000	01/12/21	573989 CA	10.00	10.00	00/00/00	PLB	2
50240.000	01/12/21	573990 CA	10.00	10.00	00/00/00	PLB	2
50240.000	01/12/21	573991 CA	10.00	10.00	00/00/00	PLB	2
50240.000	01/14/21	574438 VI	10.00	10.00	00/00/00	PLB	2
50240.000	01/18/21	574525 CA	10.00	10.00	00/00/00	PLB	2
50240.000	01/21/21	574820 CA	10.00	10.00	00/00/00	PLB	2
50240.000	01/28/21	575643 VI	10.00	10.00	00/00/00	PLB	2

TOTAL 50240.000 COUNTY INDIGENT COPAYS

90.00

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Calhoun County Indigent Care Patient Caseload 2021

[Handwritten signature]

	Approved	Denied	Removed	Active	Pending
January	2	0	0	11	5
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
YTD					
Monthly Avg	2	-	-	11	5
December 2020 Active		9			
Number of Charity patients				206	
Number of Charity patients below 100% FPL				70	

Calhoun County Pharmacy Assistance Patient Caseload 2019

	Approved	Refills	Removed	Active	Value
January	7	0	0	7	\$8,589.00
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
YTD PATIENT SAVINGS					
Monthly Avg	7	-	-	7	\$8,589.00
December 2020 Active		87			0