

**MEMORIAL MEDICAL CENTER**

**COMMISSIONERS COURT APPROVAL LIST FOR ---- March 24, 2021**

by:DC

**INDIGENT HEALTHCARE FUND:**

**INDIGENT EXPENSES**

Community Pathology Association	59.34
William J. Crowley D.O.	339.48
HEB Pharmacy (Medimpact) Pharmacy Reimbursement	116.04
MMCenter (In-patient \$0/ Out-patient \$3,204.82/ ER \$0)	3,204.82
Memorial Medical Clinic	684.81
Singleton Associates, PA	93.28

<b>SUBTOTAL</b>		<b>4,497.77</b>
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		<b>4,166.67</b>
	Subtotal	8,664.44
Co-pays adjustments for February 2021		(60.00)
Reimbursement from Medicaid		0.00

<b>TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES</b>	<b>8,604.44</b>
---	-----------------

**APPROVED**

**MAR 24 2021**

**CALHOUN COUNTY  
COMMISSIONERS COURT**

00 000003242021 CALHOUN COUNTY, TEXAS

DATE: 3/24/2021

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 03/24/2021			\$8,604.44
1000-001-46010	February 28, 2021 Interest			(\$2.02)
				\$8,602.42

COUNTY AUDITOR  
APPROVAL ONLY

APPROVED  
ON  
MAR 16 2021

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 COUNTY AUDITOR:  3/16/2021  
CALHOUN COUNTY, TEXAS 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 2/28/2021  
 Account No \*\*\*\*4551  
 Page 1 of 2

13148

## STATEMENT SUMMARY

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

02/01/2021	Beginning Balance		\$5,540.50
	3 Deposits/Other Credits	+	\$9,808.80
	8 Checks/Other Debits	-	\$9,852.52
02/28/2021	Ending Balance	28 Days in Statement Period	\$5,496.78
	Total Enclosures		10

## DEPOSITS/OTHER CREDITS

Date	Description	Amount
02/08/2021	Deposit	\$9,716.78
02/26/2021	Deposit	\$90.00
02/28/2021	Accr Earning Pymt Added to Account	\$2.02

*Dec-Jan - Jan 2021*  
*Jan 2021*

## CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12424	02-24	\$13.10	12428	02-09	\$4,701.63	12431	02-11	\$103.63
12426*	02-09	\$4,166.67	12429	02-10	\$400.00	12432	02-12	\$135.25
12427	02-09	\$70.55	12430	02-10	\$261.69			

## DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
02-01	\$5,540.50	02-10	\$5,656.74	02-24	\$5,404.76
02-08	\$15,257.28	02-11	\$5,553.11	02-26	\$5,494.76
02-09	\$6,318.43	02-12	\$5,417.86	02-28	\$5,496.78

## EARNINGS SUMMARY

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

Interest Paid This Period	\$2.02	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	\$4.28	Days in Earnings Period	28
		Earnings Balance	\$5,852.76

MEMBER FDIC



NYSE Symbol "PB"

0000

101391 : 01314801

# MEMORIAL MEDICAL CENTER

*So Much... So Close!*

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

Date: 3/9/2021  
Invoice # 354  
For: Feb-21

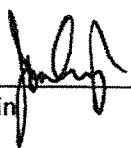
Bill To:  
Calhoun County

DESCRIPTION	AMOUNT
-------------	--------

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

---

Total \$ 4,166.67

  
\_\_\_\_\_  
Jason Anglin  
CEO

APPROVED  
ON  
MAR 16 2021  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

©IHS  
Issued 03/03/21

**Source Totals Report**  
Calhoun Indigent Health Care  
Batch Dates 03/01/2021 through 03/01/2021  
For Source Group Indigent Health Care  
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	4,500.00	492.10
02	Prescription Drugs	116.04	116.04
08	Rural Health Clinics	708.00	684.81
14	Mmc - Hospital Outpatient	9,906.01	3,204.82
	<b>Expenditures</b>	15,264.20	4,531.92
	<b>Reimb/Adjustments</b>	-34.15	-34.15
	<b>Grand Total</b>	<b>15,230.05</b>	<b>4,497.77</b>
		EXPENSES	4,166.67
			8,664.44
		COPAYS	<60.00>
		TOTAL	8,604.44



APPROVED  
ON

MAR 16 2021

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

©IHS  
Issued 03/03/21

**Source Totals Report**  
Calhoun Indigent Health Care  
Batch Dates 02/01/2021 through 03/01/2021  
For Source Group Indigent Health Care  
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	5,731.00	669.32
02	Prescription Drugs	213.92	213.92
08	Rural Health Clinics	1,668.00	1,644.81
14	Mmc - Hospital Outpatient	21,850.02	7,026.90
15	Mmc - Er Bills	6,544.00	2,094.08
	<b>Expenditures</b>	<b>36,070.33</b>	<b>11,712.42</b>
	<b>Reimb/Adjustments</b>	<b>-63.39</b>	<b>-63.39</b>
	<b>Grand Total</b>	<b>36,006.94</b>	<b>11,649.03</b>
		EXPENSES	8,333.34
			19,982.37
		COPAYS	<150.00>
		TOTAL	19,832.37

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

COPY

P CALHOUN COUNTY INDIGENT ACCOUNT

Date Requested: 03/09/21

A

Y

E

E

APPROVED  
BY

MAR 11 2021

CERTIFIED ACCOUNTANT  
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

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

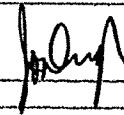
AMOUNT \$60.00

G/L NUMBER: 50240000

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

REQUESTED BY: MAYRA MARTINEZ

AUTHORIZED BY:



RUN DATE: 03/03/21  
TIME: 08:57

MEMORIAL MEDICAL CENTER  
RECEIPTS FROM 02/01/21 TO 03/01/21

PAGE 115  
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	02/08/21		10.00	10.00	00/00/00	FAG	2
50240.000	02/01/21		10.00	10.00	00/00/00	PLB	2
50240.000	02/01/21		10.00	10.00	00/00/00	PLB	2
50240.000	02/05/21		10.00	10.00	00/00/00	PLB	2
50240.000	02/11/21		10.00	10.00	00/00/00	PLB	2
50240.000	02/18/21		10.00	10.00	00/00/00	PLB	2

\*\*TOTAL\*\* 50240.000 COUNTY INDIGENT COPAYS

60.00