

**MEMORIAL MEDICAL CENTER**

**COMMISSIONERS COURT APPROVAL LIST FOR ---- March 25, 2020**

by: CT

**INDIGENT HEALTHCARE FUND:**

**INDIGENT EXPENSES**

HEB Pharmacy (Medimpact) Pharmacy Reimbursement	272.47
MMCenter (In-patient \$6,659.47.00/ Out-patient \$3,230.40/ ER \$0.00)	9,889.87
Regional Employee Assistance	88.79
Singleton Associates, PA	62.28
Victoria Anesthesiology Assoc	268.53

<b>SUBTOTAL</b>	<b>10,581.94</b>
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)	<b>4,166.67</b>
	<hr/>
	Subtotal 14,748.61
Co-pays adjustments for February 2020	(180.00)
Reimbursement from Medicaid	0.00

<b>TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES</b>	<b>14,568.61</b>
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**APPROVED**

**MAR 25 2020**

**CALHOUN COUNTY  
COMMISSIONERS COURT**

00 00003182020 CALHOUN COUNTY, TEXAS

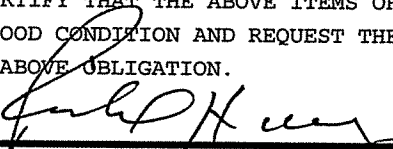
DATE: 3/18/2020

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 03/18/2020			\$14,568.61
1000-001-46010	February 29, 2020 interest			(\$2.12)
				\$14,566.49

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. BY:  DEPARTMENT HEAD
APPROVED ON MAR 10 2020 BY CALHOUN COUNTY AUDITOR	3/18/2020 DATE

**Source Totals Report**  
 Calhoun Indigent Health Care  
 Batch Dates 03/01/2020 through 03/01/2020  
 For Source Group Indigent Health Care  
 For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	1,539.00	151.07
01-2	Physician Services- Anesthesia	1,014.00	268.53
02	Prescription Drugs	272.47	272.47
13	Mmc - Inpatient Hospital	13,873.89	6,659.47
14	Mmc - Hospital Outpatient	10,095.00	3,230.40
<b>Expenditures</b>		26,868.63	10,656.21
<b>Reimb/Adjustments</b>		-74.27	-74.27
<b>Grand Total</b>		<b>26,794.36</b>	<b>10,581.94</b>
		EXPENSES	4,166.67
			14,748.61
		COPAYS	<180.00>
		<b>TOTAL</b>	<b>14,568.61</b>



# MEMORIAL MEDICAL CENTER

*So Much... So Close!*

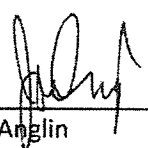
815 N. Virginia St. Port Lavaca, Texas 77979 (361) 552-6713

Date: 3/9/2020  
Invoice # 341  
For: Feb-20

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 - 9 2020

BY  
CALHOUN COUNTY AUDITOR

MEMORIAL MEDICAL CENTER  
CHECK REQUEST

Copy

P CALHOUN COUNTY INDIGENT ACCOUNT

Date Requested: 3/9/2020

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APPROVED  
ON

MAR 12 2020

COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

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

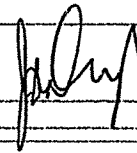
AMOUNT \$180.00

G/L NUMBER: 50240000

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

REQUESTED BY: SARAH HENDERSON

AUTHORIZED BY:



RUN DATE: 03/06/20  
TIME: 10:23

MEMORIAL MEDICAL CENTER  
RECEIPTS FROM 02/01/20 TO 02/29/20

PAGE 113  
RCMREP

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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\*\*TOTAL\*\* 50200.000 COMMERCIAL INS. -ADJ -340156.91

50240.000	02/26/20	546072	CA		10.00	10.00			00/00/00	CAS 2
50240.000	02/03/20	543664	CA		10.00	10.00			00/00/00	PLB 2
50240.000	02/04/20	543776	CA		10.00	10.00			00/00/00	PLB 2
50240.000	02/07/20	544153	CA		10.00	10.00			00/00/00	PLB 2
50240.000	02/11/20	544312	CA		10.00	10.00			00/00/00	PLB 2
50240.000	02/11/20	544330	CA		10.00	10.00			00/00/00	PLB 2
50240.000	02/14/20	544947	CA		10.00	10.00			00/00/00	PLB 2
50240.000	02/17/20	545052	CA		10.00	10.00			00/00/00	PLB 2
50240.000	02/18/20	545193	CA		10.00	10.00			00/00/00	PLB 2
50240.000	02/18/20	545218	CA		10.00	10.00			00/00/00	PLB 2
50240.000	02/19/20	545414	VI		10.00	10.00			00/00/00	PLB 2
50240.000	02/20/20	545456	CA		10.00	10.00			00/00/00	PLB 2
50240.000	02/20/20	545462	CA		10.00	10.00			00/00/00	PLB 2
50240.000	02/21/20	545655	CA		10.00	10.00			00/00/00	PLB 2
50240.000	02/24/20	545856	VI		10.00	10.00			00/00/00	PLB 2
50240.000	02/26/20	546054	CA		10.00	10.00			00/00/00	PLB 2
50240.000	02/26/20	546114	CA		10.00	10.00			00/00/00	PLB 2
50240.000	02/10/20	544234	VI		10.00	10.00			00/00/00	SP 2

\*\*TOTAL\*\* 50240.000 COUNTY INDIGENT COPAYS 180.00

*Handwritten signature*

**Source Totals Report**

Calhoun Indigent Health Care

Batch Dates 02/01/2020 through 03/01/2020

For Source Group Indigent Health Care

For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	5,405.00	379.15
01-2	Physician Services- Anesthesia	1,560.00	433.78
02	Prescription Drugs	458.04	458.04
08	Rural Health Clinics	2,097.00	1,566.87
13	Mmc - Inpatient Hospital	13,873.89	6,659.47
14	Mmc - Hospital Outpatient	22,665.00	7,302.91
<b>Expenditures</b>		46,206.39	16,947.68
<b>Reimb/Adjustments</b>		-147.46	-147.46
<b>Grand Total</b>		<b>46,058.93</b>	<b>16,800.22</b>
EXPENSES			8,333.34
			25,133.56
COPAYS			<350.00>
<b>TOTAL</b>			<b>24,783.56</b>

### 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					
April					
May					
June					
July					
August					
September					
October					
November					
December					

YTD

Monthly Avg	-	2	2	16	2
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December 2019 Active	18
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Number of Charity patients	222
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Number of Charity patients below 100% FPL	136
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### Calhoun County Pharmacy Assistance Patient Caseload 2019

	Approved	Refills	Removed	Active	Value
January	0	2	0	114	\$1,498.00
February	3	6	0	110	\$12,514.00
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					

YTD PATIENT SAVINGS

Monthly Avg	2	4	-	112	\$7,006.00
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0

December 2019 Active	112
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# PROSPERITY BANK®

Statement Date 2/29/2020  
Account No

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

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12704

## STATEMENT SUMMARY

Public Fund Contractual Ckg w Int Account No

02/01/2020	Beginning Balance			\$5,501.31
	3 Deposits/Other Credits	+		\$18,539.57
	10 Checks/Other Debits	-		\$18,550.04
02/29/2020	Ending Balance	29	Days in Statement Period	\$5,490.84
	Total Enclosures			12

## DEPOSITS/OTHER CREDITS

Date	Description	Amount
02/04/2020	Deposit	\$18,367.45 ✓ Dec Indige
02/28/2020	Deposit	\$170.00 ✓ Jan copy
02/29/2020	Accr Earning Pymt Added to Account	\$2.12

## CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12330	02-12	\$54.41	12334	02-10	\$1,031.62	12338	02-07	\$157.30
12331	02-04	\$4,166.67	12335	02-10	\$1,313.40	12339	02-10	\$68.70
12332	02-04	\$204.71	12336	02-10	\$207.26			
12333	02-04	\$11,242.25	12337	02-07	\$103.72			

## DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
02-01	\$5,501.31	02-10	\$5,373.13	02-29	\$5,490.84
02-04	\$8,255.13	02-12	\$5,318.72		
02-07	\$7,994.11	02-28	\$5,488.72		

## EARNINGS SUMMARY

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

Interest Paid This Period	\$2.12	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	\$5.25	Days in Earnings Period	29
		Earnings Balance	\$5,933.62

MEMBER FDIC



NYSE Symbol "PB"

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101191 : 01270401