

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- May 20, 2020

by:CT

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

William J. Crowley D.O.	720.52
HEB Pharmacy (Medimpact) Pharmacy Reimbursement	160.93
MMCenter (In-patient \$3,783.62/ Out-patient \$88.00/ ER \$0)	3,871.62
Port Lavaca Clinic Associates	615.83
Victoria Anesthesiology Assoc	451.25

SUBTOTAL		5,820.15
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		4,166.67
	Subtotal	9,986.82
Co-pays adjustments for March 2020		0.00
Reimbursement from Medicaid		0.00

TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	9,986.82
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APPROVED

MAY 20 2020

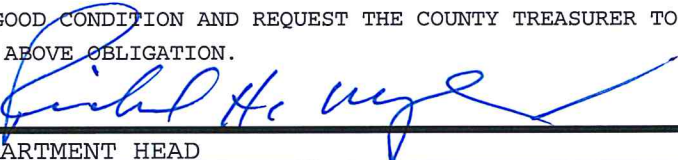
**CALHOUN COUNTY
COMMISSIONERS COURT**

00 00005202020 0 CALHOUN COUNTY, TEXAS

DATE: 5/20/2020

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 05/20/2020			\$9,986.82
1000-001-46010	April 30, 2020 interest			(\$2.20)
				\$9,984.62
COUNTY AUDITOR APPROVAL ONLY	<p>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.</p> <p>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.</p> <p>BY:  5/20/2020</p> <p>DEPARTMENT HEAD DATE</p>			

CALHOUN COUNTY AUDITOR

APPROVED
ON

MAY 15 2020

BY

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Issued 05/08/20

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 05/01/2020 through 05/01/2020
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	2,875.00	1,025.46
01-2	Physician Services- Anesthesia	1,560.00	451.25
02	Prescription Drugs	160.93	160.93
08	Rural Health Clinics	451.00	310.89
13	Mmc - Inpatient Hospital	7,882.55	3,783.62
14	Mmc - Hospital Outpatient	275.00	88.00
	Expenditures	13,323.83	5,939.50
	Reimb/Adjustments	-119.35	-119.35
	Grand Total	13,204.48	5,820.15

EXPENSES	4,166.67
	9,986.82
COPAYS	<0.00>
TOTAL	9,986.82



APPROVED
ON

MAY 15 2020
BY 
CALHOUN COUNTY AUDITOR

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Issued 05/08/20

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 02/01/2020 through 05/01/2020
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	14,289.03	2,083.09
01-2	Physician Services- Anesthesia	3,120.00	885.03
02	Prescription Drugs	853.74	853.74
08	Rural Health Clinics	4,643.00	3,820.83
13	Mmc - Inpatient Hospital	47,647.45	22,870.77
14	Mmc - Hospital Outpatient	47,886.02	15,408.53
15	Mmc - Er Bills	4,821.00	1,542.72
	Expenditures	123,648.34	47,852.81
	Reimb/Adjustments	-388.10	-388.10
	Grand Total	123,260.24	47,464.71
		EXPENSES	16,666.68
			64,131.39
		COPAYS	<470.00>
		TOTAL	64,601.39



Melissa K. Gee

From: Caitlin Clevenger
Sent: Friday, May 08, 2020 9:33 AM
To: Cristy Tuazon; Melissa K. Gee
Subject: No indigent co pays for April

Good morning,

Just wanted to let you know there were no indigent copays made in April. Thanks.

Respectfully,
Caitlin Clevenger

Memorial Medical Center
Accountant
815 N Virginia. St
Port Lavaca, TX 77979
Ph: 361.552.0272 Fax: 361.551.4504

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					
June					
July					
August					
September					
October					
November					
December					
YTD					

Monthly Avg	0	1	3	14	2
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December 2019 Active	18
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Number of Charity patients	203
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Number of Charity patients below 100% FPL	124
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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	3	3	1	112	\$10,108.00
April	1	6	0	111	\$26,370.00
May					
June					
July					
August					
September					
October					
November					
December					
YTD PATIENT SAVINGS					

Monthly Avg	2	4	0	112	\$12,622.50
					0

December 2019 Active	112
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PROSPERITY BANK®

Statement Date 4/30/2020
Account No

Page 1 of 2

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

12518

STATEMENT SUMMARY

Public Fund Contractual Ckg w Int Account No

04/01/2020	Beginning Balance			\$5,500.19
	3 Deposits/Other Credits	+		\$14,688.69
	6 Checks/Other Debits	-		\$14,748.61
04/30/2020	Ending Balance		30 Days in Statement Period	\$5,440.27
	Total Enclosures			8

DEPOSITS/OTHER CREDITS

Date	Description	Amount
04/02/2020	Deposit	\$14,566.49
04/16/2020	Deposit	\$120.00
04/30/2020	Accr Earning Pymt Added to Account	\$2.20

Feb Ind ck
Mon Copy

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12355	04-03	\$4,166.67	12357	04-03	\$9,889.87	12359	04-08	\$62.28
12356	04-03	\$272.47	12358	04-17	\$88.79	12360	04-06	\$268.53

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
04-01	\$5,500.19	04-06	\$5,469.14	04-17	\$5,438.07
04-02	\$20,066.68	04-08	\$5,406.86	04-30	\$5,440.27
04-03	\$5,737.67	04-16	\$5,526.86		

EARNINGS SUMMARY

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

Interest Paid This Period	\$2.20	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	\$9.93	Days in Earnings Period	30
		Earnings Balance	\$5,954.43

MEMBER FDIC



NYSE Symbol "PB"

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101471 : 01251801