

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- June 16, 2021

by:CT

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

MMCenter (In-patient \$0/ Out-patient \$3638.40/ ER \$901.12)	4,539.52
Memorial Medical Clinic	455.81
Singleton Associates, PA	56.67
Victoria Eye Center	106.74

SUBTOTAL

Memorial Medical Center (Indigent Healthcare Payroll and Expenses)

	5,158.74
	4,166.67
Subtotal	9,325.41
Co-pays adjustments for May 2021	(70.00)
Reimbursement from Medicaid	0.00

TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES

9,255.41

APPROVED

JUN 16 2021

**CALHOUN COUNTY
COMMISSIONERS COURT**

00 000006162021 CALHOUN COUNTY, TEXAS

DATE: 6/16/2021

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 06/16/2021			\$9,255.41
1000-001-46010	May 31, 2021 Interest			(\$2.36)
				\$9,253.25

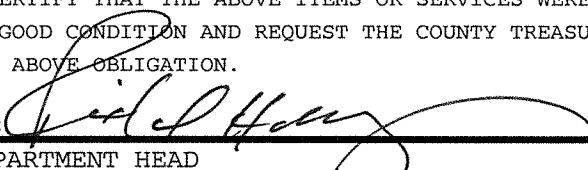
APPROVED

JUN 16 2021

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:  6/16/2021

DEPARTMENT HEAD DATE

MEMORIAL MEDICAL CENTER

So Much... So Close!

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


Date: 6/9/2021
Invoice # 357
For: May-21

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

 6/9/2021

Roshanda Thomas
Assistant Administrator

APPROVED
ON

JUN - 9 2021

BY
CALHOUN COUNTY AL DITOR

50240.000	05/06/21	585613
50240.000	05/25/21	587588
50240.000	05/27/21	587842
50240.000	05/14/21	586544
50240.000	05/14/21	586589
50240.000	05/21/21	587489
50240.000	05/21/21	587490
50240.000	05/24/21	587491
50240.000	05/24/21	587525
50240.000	05/24/21	587526
50240.000	05/26/21	587763

00/00/00	KAH	2
00/00/00	KAH	2
00/00/00	PGC	2
00/00/00	PLB	2
00/00/00	PLB	2
00/00/00	PLB	2
00/00/00	PLB	2
00/00/00	PLB	2
00/00/00	PLB	2
00/00/00	PLB	2
00/00/00	PLB	2

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

70.00

Copay



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Issued 06/02/21

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 06/01/2021 through 06/01/2021
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	948.00	163.41 ✓
08	Rural Health Clinics	458.00	455.81 ✓
14	Mmc - Hospital Outpatient	11,370.01	3,638.40 ✓
15	Mmc - Er Bills	2,816.00	901.12 ✓
	Expenditures	15,592.01	5,158.74
	Reimb/Adjustments		
	Grand Total	15,592.01	5,158.74
		EXPENSES	4,166.67
			9,325.41
		COPAYS	<70.00> ✓
		TOTAL	9,255.41



©IHS
Issued 06/02/21

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 02/01/2021 through 06/01/2021
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	9,923.00	1,163.30
01-2	Physician Services- Anesthesia	546.00	115.99
02	Prescription Drugs	479.79	479.79
08	Rural Health Clinics	2,724.00	2,667.88
14	Mmc - Hospital Outpatient	53,373.05	17,151.89
15	Mmc - Er Bills	13,396.00	4,286.72
	Expenditures	80,546.54	25,970.27
	Reimb/Adjustments	-104.70	-104.70
	Grand Total	80,441.84	25,865.57
		EXPENSES	20,833.35
			46,698.92
		COPAYS	<400.00>
		TOTAL	46,298.92



Calhoun County Indigent Care Patient Caseload 2021

	Approved	Denied	Removed	Active	Pending
January	2	0	0	11	5
February	0	0	0	11	7
March	1	1	2	10	5
April	2	0	0	12	6
May	0	0	1	11	9
June					
July					
August					
September					
October					
November					
December					

YTD

Monthly Avg	1	0	1	11	6
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December 2020 Active	9
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Number of Charity patients	198
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Number of Charity patients below 100% FPL	75
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Calhoun County Pharmacy Assistance Patient Caseload 2019

	Approved	Refills	Removed	Active	Value
January	7	0	0	7	\$8,589.00
February	4	0	0	11	\$10,869.00
March	2	6	1	12	\$14,515.00
April	2	2	0	14	\$14,719.00
May	1	3	0	15	\$14,765.00
June					
July					
August					
September					
October					
November					
December					

YTD PATIENT SAVINGS		\$63,457.00
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Monthly Avg	3	2	0	12	\$12,691.40
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0

December 2020 Active	87
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PROSPERITY BANK®

Statement Date 5/31/2021
Account No ****4551

Page 1 of 2

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

13351

STATEMENT SUMMARY

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

05/01/2021	Beginning Balance		\$5,746.45
	3 Deposits/Other Credits	+	\$9,163.10
	8 Checks/Other Debits	-	\$9,115.55
05/31/2021	Ending Balance	31 Days in Statement Period	\$5,794.00
	Total Enclosures		10

DEPOSITS/OTHER CREDITS

Date	Description	Amount
05/13/2021	Deposit	\$9,080.74
05/24/2021	Deposit	\$80.00
05/31/2021	Accr Earning Pymt Added to Account	\$2.36

*Man 8980.74
Co-pay 100.00* → *Apr Co-p*

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12452	05-26	\$98.98	12455	05-14	\$4,195.54	12458	05-18	\$115.99
12453	05-14	\$4,166.67	12456	05-21	\$360.00	12459	05-21	\$32.50
12454	05-14	\$116.20	12457	05-20	\$29.67			

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
05-01	\$5,746.45	05-18	\$6,232.79	05-24	\$5,890.62
05-13	\$14,827.19	05-20	\$6,203.12	05-26	\$5,791.64
05-14	\$6,348.78	05-21	\$5,810.62	05-31	\$5,794.00

EARNINGS SUMMARY

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

Interest Paid This Period	\$2.36	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	\$11.11	Days in Earnings Period	31
		Earnings Balance	\$6,187.46

MEMBER FDIC



NYSE Symbol "PB"

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101381 : 01335101

MEMORIAL MEDICAL CENTER
TRANSFER REQUEST

PAYEE Memorial Medical Center Clinic

Date Requested: 04/27/2021

check # 012459

AMOUNT \$32.50

G/L NUMBER: _____

EXPLANATION: TO TRANSFER \$32.50 TO MMC CLINIC ACCOUNT THAT WAS DEPOSITED INTO

THE INDIGENT ACCOUNT

APPROVED
ON

APR 27 2021

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: _____ BY *CA*
CALHOUN COUNTY AUDITOR

Front

DOCUMENT IS PRINTED ON CHEMICALLY REACTIVE PAPER - THE BACK OF THIS DOCUMENT INCLUDES A TAMPER EVIDENT CHEMICAL WASH WARNING BOX

THE COUNTY OF CALHOUN
202 S. ANN, SUITE A
PORT LAVACA, TEXAS 77979

PROSPERITY BANK
1107 N HIGHWAY 35
PORT LAVACA, TEXAS 77979-5102
88-2265-1131-999

209019
209019

****Thirty Two and 50/100 Dollars

5/20/2020 \$32.50
NOT VALID AFTER 180 DAYS

PAY TO THE ORDER OF: MEMORIAL MEDICAL CLINIC
1016 N VIRGINIA ST
PORT LAVACA, TX 77979

Guila Perez
Rhonda S. Goulet
COUNTY AUDITOR
COUNTY TREASURER

209019 113122655 216844462

deposited to MMC Indigent Acct in error.

Back

Security Features:

- Intaglio Printing
- Chemical Protection
- Heat Sensitive Ink
- Window Bond
- Microprint
- Diagonal Operational Border
- Optical Window Warning Lock
- Colored Background

Caution: The security features listed below, exceed industry guidelines.

Intaglio Printing:

- The embossed texture of the ink is visible when the note is held at an angle.
- The embossed texture of the ink is visible when the note is held at an angle.
- The embossed texture of the ink is visible when the note is held at an angle.

Chemical Protection:

- The note is resistant to fading and discoloration.
- The note is resistant to fading and discoloration.
- The note is resistant to fading and discoloration.

Heat Sensitive Ink:

- The ink changes color when exposed to heat.
- The ink changes color when exposed to heat.
- The ink changes color when exposed to heat.

Window Bond:

- The window is made of a strong, clear material.
- The window is made of a strong, clear material.
- The window is made of a strong, clear material.

Microprint:

- The microprint is made of a fine, repeating pattern.
- The microprint is made of a fine, repeating pattern.
- The microprint is made of a fine, repeating pattern.

Diagonal Operational Border:

- The border is made of a diagonal line of small, repeating patterns.
- The border is made of a diagonal line of small, repeating patterns.
- The border is made of a diagonal line of small, repeating patterns.

Optical Window Warning Lock:

- The lock is made of a strong, clear material.
- The lock is made of a strong, clear material.
- The lock is made of a strong, clear material.

Colored Background:

- The background is made of a strong, clear material.
- The background is made of a strong, clear material.
- The background is made of a strong, clear material.

Prosperity Bank
>113122655<
0087
Port Lavaca - 87
05-26-2020
8002296248

ENDORSE HERE
FOR DEPOSIT ONLY
CALHOUN COUNTY INDIGENT HEALTHCARE
MEMORIAL MEDICAL CENTER
PORT LAVACA, TX 77979
ACCOUNT #2168444551

☐ CHECK HERE IF MOBILE DEPOSIT

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
RESERVED FOR FINANCIAL INSTITUTION USE



PROSPERITY BANK®

Statement Date 5/31/2020

Account No

Page 1 of 4

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

12620

Funds Availability Changes effective 6/1/2020: The amount we make available for checks not subject to next-day availability is increasing from \$200 to \$225. In addition, the amount available for withdrawal on exception holds for large deposits, new accounts and the amount for determining a repeat overdraft is increasing from \$5,000 to \$5,525.

Incoming Wire Transfer Fee effective 07/01/2020: A fee of \$7.50 will be charged for each incoming wire transfer.

STATEMENT SUMMARY

Public Fund Contractual Ckg w Int Account No

05/01/2020	Beginning Balance		\$5,440.27
	5 Deposits/Other Credits	+	\$38,963.61
	10 Checks/Other Debits	-	\$29,011.01
05/31/2020	Ending Balance	31 Days in Statement Period	\$15,392.87
	Total Enclosures		14

DEPOSITS/OTHER CREDITS

Date	Description	Amount
05/01/2020	Deposit	\$28,888.53
05/20/2020	Deposit	\$54.41
05/26/2020	Deposit	\$32.50
05/29/2020	Deposit	\$9,984.62
05/31/2020	Accr Earning Pymt Added to Account	\$3.55

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12361	05-07	\$54.41	12365	05-04	\$21,988.02	12369	05-05	\$313.30
12362	05-26	\$146.64	12366	05-05	\$1,735.81	12370	05-08	\$68.70
12363	05-04	\$4,166.67	12367	05-05	\$95.43			
12364	05-04	\$234.77	12368	05-07	\$207.26			

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
05-01	\$34,328.80	05-04	\$7,939.34	05-05	\$5,794.80

MEMBER FDIC



NYSE Symbol "PB"

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102161 : 01262001