

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- June 17, 2020

by:CT

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

William J. Crowley D.O.	131.41
HEB Pharmacy (Medimpact) Pharmacy Reimbursement	143.19
MMCenter (In-patient \$0.00/ Out-patient \$1,753.00/ ER \$0)	1,753.00
Memorial Medical Clinic	1,220.00
Victoria Eye Center	134.45
SUBTOTAL	3,382.05
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)	4,166.67
	<hr/>
	Subtotal 7,548.72
Co-pays adjustments for May 2020	(140.00)
Reimbursement from Medicaid	0.00
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	7,408.72

APPROVED

JUN 17 2020

**CALHOUN COUNTY
COMMISSIONERS COURT**

00 00006172020 0 CALHOUN COUNTY, TEXAS

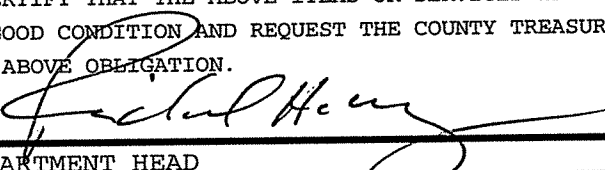
DATE:

6/17/2020

VENDOR # 852

CC Indigent Health Care

ACCOUNT NUMBER	DESCRIPTION OF GOODS OR SERVICES	QUANTITY	UNIT PRICE	TOTAL PRICE
1000-800-98722-999	Transfer to pay bills for Indigent Health Care			\$7,408.72
	approved by Commissioners Court on 06/17/2020			
1000-001-46010	May 31, 2020 interest			(\$3.55)
				\$7,405.17

COUNTY AUDITOR APPROVAL ONLY APPROVED ON JUN 17 2020 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: 	6/17/2020
DEPARTMENT HEAD	DATE

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Issued 06/02/20

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 06/01/2020 through 06/01/2020
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	561.00	265.86
02	Prescription Drugs	143.19	143.19
08	Rural Health Clinics	1,220.00	1,220.00
14	Mmc - Hospital Outpatient	5,260.00	1,753.00
	Expenditures	7,277.21	3,475.07
	Reimb/Adjustments	-93.02	-93.02
	Grand Total	7,184.19	3,382.05
		EXPENSES	4,166.67
			7,548.72
		COPAYS	<140.00>
		TOTAL	7,408.72



APPROVED
ON

JUN 17 2020

BY
CALHOUN COUNTY AUDITOR

©IHS
Issued 06/02/20

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 02/01/2020 through 06/01/2020
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	14,850.03	2,348.95
01-2	Physician Services- Anesthesia	3,120.00	885.03
02	Prescription Drugs	996.93	996.93
08	Rural Health Clinics	5,863.00	5,040.83
13	Mmc - Inpatient Hospital	47,647.45	22,870.77
14	Mmc - Hospital Outpatient	53,146.02	17,161.53
15	Mmc - Er Bills	4,821.00	1,542.72
	Expenditures	130,925.55	51,327.88
	Reimb/Adjustments	-481.12	-481.12
	Grand Total	130,444.43	50,846.76
		EXPENSES	20,833.33
			71,680.09
		COPAYS	<610.00>
		TOTAL	71,070.90



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	1	2	0	11	1
June					
July					
August					
September					
October					
November					
December					

YTD

Monthly Avg	0	1	2	14	2
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December 2019 Active	18
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Number of Charity patients	206
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Number of Charity patients below 100% FPL	128
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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	1	3	0	112	\$9,424.00
June					
July					
August					
September					
October					
November					
December					

YTD PATIENT SAVINGS

Monthly Avg	2	4	0	112	\$11,982.80
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0

December 2019 Active	112
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RUN DATE: 06/04/20
TIME: 12:31

MEMORIAL MEDICAL CENTER
RECEIPTS FROM 05/01/20 TO 05/31/20

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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	05/26/20	553896 CA	10.00	10.00	00/00/00	ARK	2
50240.000	05/18/20	553360 VI	10.00	10.00	00/00/00	CAS	2
50240.000	05/19/20	553358 CA	10.00	10.00	00/00/00	CAS	2
50240.000	05/22/20	553796 CA	10.00	10.00	00/00/00	CAS	2
50240.000	05/06/20	552465 VI	10.00	10.00	00/00/00	PLB	2
50240.000	05/11/20	552781 VI	10.00	10.00	00/00/00	PLB	2
50240.000	05/18/20	553311 VI	10.00	10.00	00/00/00	PLB	2
50240.000	05/22/20	553760 CA	10.00	10.00	00/00/00	PLB	2
50240.000	05/22/20	553814 CA	10.00	10.00	00/00/00	PLB	2
50240.000	05/26/20	553943 CA	10.00	10.00	00/00/00	PLB	2
50240.000	05/26/20	553952 CA	10.00	10.00	00/00/00	PLB	2
50240.000	05/27/20	553981 CA	10.00	10.00	00/00/00	PLB	2
50240.000	05/27/20	553999 CA	10.00	10.00	00/00/00	PLB	2
50240.000	05/27/20	554017 CA	10.00	10.00	00/00/00	PLB	2

TOTAL 50240.000 COUNTY INDIGENT COPAYS

140.00

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MEMORIAL MEDICAL CENTER

So Much. So Close!

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

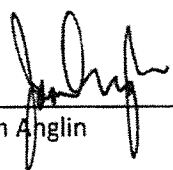
Date: 6/4/2020
Invoice # 344
For: May-20

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



Jason Anglin
CEO

APPROVED
ON

JUN 17 2020

BY
CALHOUN COUNTY AUDITOR



PROSPERITY BANK®

Statement Date 5/31/2020
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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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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