

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR --- August 19, 2020

by:CT

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

Cardiovascular Associates of Victoria	46.73
HEB Pharmacy (Medimpact) Pharmacy Reimbursement	123.48
MMCenter (In-patient \$0.00/ Out-patient \$1,571.05/ ER \$749.44)	2,320.49
Memorial Medical Clinic	956.81
Port Lavaca Clinic Associates	103.63
Singleton Associates, PA	15.23
SUBTOTAL	3,566.37
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)	4,166.67
	Subtotal
	7,733.04
Co-pays adjustments for July 2020	(70.00)
Reimbursement from Medicaid	0.00
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	
	7,663.04

APPROVED

AUG 19 2020

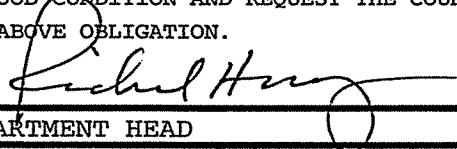
**CALHOUN COUNTY
COMMISSIONERS COURT**

00 00008192020 CALHOUN COUNTY, TEXAS

DATE: 8/19/2020

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 08/19/2020			\$7,663.04
1000-001-46010	July 31, 2020 interest			(\$2.29)
				\$7,660.75
COUNTY AUDITOR APPROVAL ONLY ON AUG 12 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:  8/19/2020 DEPARTMENT HEAD DATE			

MEMORIAL MEDICAL CENTER
CHECK REQUEST

Copy

P Calhoun County Indigent Account

Date Requested: 8-6-20

A

Y

E

E

APPROVED
ON

AUG 13 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

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

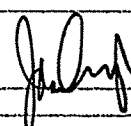
AMOUNT 70.00

G/L NUMBER: 50240000

EXPLANATION: To transfer Indigent copays from operating account to indigent account.

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:



RUN DATE: 08/06/20
TIME: 15:39

MEMORIAL MEDICAL CENTER
RECEIPTS FROM 07/01/20 TO 07/31/20

PAGE 122
RCMREP

G/L NUMBER	RECEIPT PAY DATE	NUMBER	TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	COLL GL CASH INIT CODE ACCOUNT
---------------	---------------------	--------	------	-------	----------------	-------------------	--------	------	--------------	-----------------------------------

50240.000	07/15/20	557999	CA		10.00	10.00			00/00/00	CAS 2
50240.000	07/10/20	557489	CA		10.00	10.00			00/00/00	JRC 2
50240.000	07/10/20	557531	CA		10.00	10.00			00/00/00	JRC 2
50240.000	07/29/20	559133	CA		10.00	10.00			00/00/00	JRC 2
50240.000	07/16/20	558112	CA		10.00	10.00			00/00/00	PLB 2
50240.000	07/17/20	558219	CA		10.00	10.00			00/00/00	PLB 2
50240.000	07/21/20	558357	CA		10.00	10.00			00/00/00	PLB 2

TOTAL 50240.000 COUNTY INDIGENT COPAYS

70.00

[Handwritten signature]



PROSPERITY BANK®

Statement Date 7/31/2020
Account No

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

Page 1 of 2

13406

STATEMENT SUMMARY

Public Fund Contractual Ckg w Int Account No

07/01/2020	Beginning Balance			\$5,548.22
	3 Deposits/Other Credits	+		\$7,487.46
	6 Checks/Other Debits	-		\$7,548.72
07/31/2020	Ending Balance	31	Days in Statement Period	\$5,486.96
	Total Enclosures			8

DEPOSITS/OTHER CREDITS

Date	Description	Amount
07/03/2020	Deposit	\$7,405.17
07/15/2020	Deposit	\$80.00
07/31/2020	Accr Earning Pymt Added to Account	\$2.29

May-PO
June Co pay

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12377	07-20	\$131.41	12379	07-03	\$143.19	12381	07-14	\$1,220.00
12378	07-03	\$4,166.67	12380	07-03	\$1,753.00	12382	07-13	\$134.45

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
07-01	\$5,548.22	07-14	\$5,536.08	07-31	\$5,486.96
07-03	\$6,890.53	07-15	\$5,616.08		
07-13	\$6,756.08	07-20	\$5,484.67		

EARNINGS SUMMARY

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

Interest Paid This Period	\$2.29	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	\$17.94	Days in Earnings Period	31
		Earnings Balance	\$6,006.14

MEMBER FDIC



NYSE Symbol "PB"

0000

101431 : 01340601

©IHS
Issued 08/04/20

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 08/01/2020 through 08/01/2020
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	418.70	61.96
02	Prescription Drugs	123.48	123.48
08	Rural Health Clinics	1,224.00	1,060.44
14	Mmc - Hospital Outpatient	4,855.02	1,571.05
15	Mmc - Er Bills	2,342.00	749.44
		<hr/>	<hr/>
	Expenditures	9,023.22	3,626.39
	Reimb/Adjustments	-60.02	-60.02
		<hr/>	<hr/>
	Grand Total	8,963.20	3,566.37
		EXPENSES	4,166.67
			7,733.04
		COPAYS	<70.00>
		TOTAL	7,663.04

APPROVED
ON

AUG 11 2020

BY

CALHOUN COUNTY AUDITOR

©IHS
Issued 08/04/20

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 02/01/2020 through 08/01/2020
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	16,027.73	2,465.17
01-2	Physician Services- Anesthesia	3,120.00	885.03
02	Prescription Drugs	1,219.92	1,219.92
08	Rural Health Clinics	7,087.00	6,101.27
13	Mmc - Inpatient Hospital	47,647.45	22,870.77
14	Mmc - Hospital Outpatient	65,017.04	21,012.60
15	Mmc - Er Bills	7,163.00	2,292.16
	Expenditures	147,854.34	57,419.12
	Reimb/Adjustments	-572.20	-572.20
	Grand Total	147,282.14	56,846.92
		EXPENSES	29,166.67
			86,013.59
		COPAYS	<860.00>
		TOTALS	85,153.59

MEMORIAL MEDICAL CENTER

So Much... So Close!

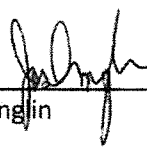
815 N. Virginia St. Port Lavaca, Texas 77979 (361) 552-6713

Date: 8/6/2020
Invoice # 346
For: Jul-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
AUG 11 2020
BY 
CALHOUN COUNTY AUDITOR

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

YTD

Monthly Avg	0	1	1	13	1
-------------	---	---	---	----	---

December 2019 Active	18
----------------------	----

Number of Charity patients	183
----------------------------	-----

Number of Charity patients below 100% FPL	105
---	-----

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	2	6	0	114	\$38,390.00
July	1	5	0	115	\$28,973.00
August					
September					
October					
November					
December					

YTD PATIENT SAVINGS

Monthly Avg	2	4	0	113	\$18,182.43
-------------	---	---	---	-----	-------------

0

December 2019 Active	112
----------------------	-----