

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ----January 21, 2026

by:CT

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

HEB Pharmacy (Medimpact) Pharmacy Reimbursement	5.85	
Hospice of South Texas		
Memorial Medical Center Hospital Campus	40.00	
Memorial Medical Clinic	320.00	
MMCenter (In-patient \$0/ Out-patient \$1,421.84/ER \$0)	1,421.84	
Radiology Unlimited PA		
Singleton Associates, PA		
Victoria Eye Center		
SUBTOTAL	1,787.69	
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)	4,166.67	
	<hr/>	
	Subtotal	5,954.36
Co-pays adjustments for December 2025	(30.00)	
Reimbursement from Medicaid	0.00	

TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES 5,924.36

APPROVED

JAN 21 2026

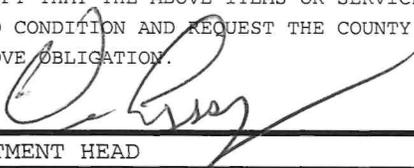
**CALHOUN COUNTY
COMMISSIONERS COURT**

000 000000001/21/2026 0 CALHOUN COUNTY, TEXAS

DATE: 1/21/2026
 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 01/21/2026			\$5,924.36
1000-001-46010	December 31, 2025 Interest			(\$26.99)
				\$5,897.37

COUNTY AUDITOR APPROVAL ONLY APPROVED ON JAN 21 2026 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS	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:  1/21/2026 DEPARTMENT HEAD DATE
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©IHS
Issued 01/06/26

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 01/01/2026 through 01/01/2026
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
02	Prescription Drugs	5.85	5.85
08	Rural Health Clinics	360.00	360.00
14	Mmc - Hospital Outpatient	2,572.00	1,421.84
	Expenditures	2,937.85	1,787.69
	Reimb/Adjustments		
	Grand Total	2,937.85	1,787.69
		Expenses	4,166.67
		Co-Pays	< 30.00 >
			5,924.36

APPROVED ON
JAN - 9 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Quinn
1/7/2026

MEMORIAL MEDICAL CENTER

So Much... So Close!

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

Date: 12/9/2025
Invoice # 415
For: Dec-25

Bill To:
Calhoun County

DESCRIPTION	AMOUNT
Funds to cover Indigent program operating expenses.	\$ 4,166.67

APPROVED ON

JAN - 9 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Total \$ 4,166.67

Michelle Cumberland

Michelle Cumberland, CFO

RUN DATE: 01/06/26
TIME: 10:35

MEMORIAL MEDICAL CENTER
RECEIPTS FROM 12/01/25 TO 12/31/25

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RCMREP

G/L NUMBER	RECEIPT PAY DATE	NUMBER	TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	COLL INIT	GL CODE	CASH ACCOUNT
50240.000	12/02/25	771984	CA		10.00	10.00			00/00/00	MDD		1
50240.000	12/09/25	773383	CA		10.00	10.00			00/00/00	MDD		1
50240.000	12/15/25	774687	VI		10.00	10.00			00/00/00	PLB		1
TOTAL 50240.000 COUNTY INDIGENT COPAYS						30.00						

oIHS
Issued 01/06/26

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 02/01/2025 through 01/01/2026
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	902.00	277.17
02	Prescription Drugs	92.79	92.79
08	Rural Health Clinics	2,203.18	2,178.16
14	Mmc - Hospital Outpatient	55,346.76	27,029.48
15	Mmc - Er Bills	4,134.00	2,021.39
	Expenditures	62,678.73	31,598.99
	Reimb/Adjustments		
	Grand Total	62,678.73	31,598.99
		Expenses	50,000.04
		Co-Pays	< 220.00 >
			81,379.03

Quin Coy
1/7/26

Calhoun County Indigent Care Patient Caseload 2025

	Approved	Denied	Removed	Active	Pending
January	0	1	0	1	2
February	1	1	0	2	2
March	0	3	0	2	2
April	1	0	0	3	3
May	1	0	0	4	0
June	0	0	0	4	3
July	1	1	0	5	6
August	0	5	1	4	1
September	0	0	0	4	4
October	1	2	0	5	5
November	1	2	1	5	4
December	0	4	1	5	1
YTD	6	19			
Monthly Avg	1	2	0	4	3
December 2024 Active		1			



PROSPERITY BANK®

Statement Date 12/31/2025

Account No ****4551

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

12724

*Missing Oct Copay 30-
Nov Copay 40-*

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

12/01/2025	Beginning Balance		\$10,010.67
	3 Deposits/Other Credits	+	\$31,263.55
	9 Checks/Other Debits	-	\$11,688.57
12/31/2025	Ending Balance	31 Days in Statement Period	\$29,585.65
	Total Enclosures		11

DEPOSITS/OTHER CREDITS

Date	Description	Amount
12/01/2025	Deposit	\$6,476.41 <i>Oct PO</i>
12/18/2025	Deposit	\$24,760.15 <i>Nov PO</i>
12/31/2025	Accr Earning Pymt Added to Account	\$26.99

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12683	12-18	\$630.01	12686	12-18	\$17.66	12689	12-12	\$17.66
12684	12-18	\$360.00	12687	12-12	\$4,166.67	12690	12-12	\$240.00
12685	12-18	\$4,166.67	12688	12-12	\$1,846.68	12691	12-19	\$243.22

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
12-01	\$16,487.08	12-18	\$29,801.88	12-31	\$29,585.65
12-12	\$10,216.07	12-19	\$29,558.66		

EARNINGS SUMMARY

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

Interest Paid This Period	\$26.99	Annual Percentage Yield Earned	1.51 %
Interest Paid YTD	\$121.27	Days in Earnings Period	31
		Earnings Balance	\$21,184.48

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