

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ----January 24, 2024

by:CT

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

HEB Pharmacy (Medimpact) Pharmacy Reimbursement	26.93
MMCenter (In-patient \$0/ Out-patient \$658.90 / ER \$0)	658.90
Singleton Associates, PA	67.37

SUBTOTAL	753.20
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)	4,166.67
	<hr/>
Subtotal	4,919.87
Co-pays adjustments for December 2023	(10.00)
Reimbursement from Medicaid	0.00

TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	4,909.87
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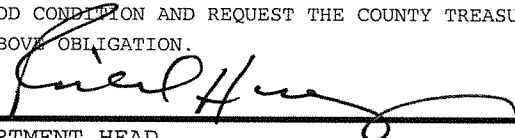
APPROVED

JAN 24 2024

**CALHOUN COUNTY
COMMISSIONERS COURT**

800 00000001/24/2024 01	CALHOUN COUNTY, TEXAS
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DATE: 1/24/2024	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 approved by Commissioners Court on 01/24/2024			\$4,909.87
1000-001-46010	December 31, 2023 Interest			(\$22.47)
				\$4,887.40
COUNTY AUDITOR APPROVAL ONLY APPROVED ON JAN 17 2024 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:  1/24/2024			
	DEPARTMENT HEAD	DATE		

Issued 01/11/24

Source Totals Report
 Calhoun Indigent Health Care
 Batch Dates 01/01/2024 through 01/01/2024
 For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	735.00	67.37
02	Prescription Drugs	26.93	26.93
14	Mmc - Hospital Outpatient	1,198.00	658.90
		<hr/>	<hr/>
Expenditures		1,963.31	756.58
Reimb/Adjustments		-3.38	-3.38
		<hr/>	<hr/>
Grand Total		1,959.93	753.20
		Expenses	4,166.67
		Co-Pays	<10.00>
			<hr/>
			4,909.87


 01/11/2024

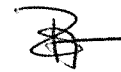
APPROVED ON

JAN 16 2024

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 02/01/2023 through 01/01/2024
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	2,530.00	156.66
01-2	Physician Services- Anesthesia	1,265.00	230.39
02	Prescription Drugs	322.93	322.93
08	Rural Health Clinics	753.00	591.62
14	Mmc - Hospital Outpatient	22,817.01	11,269.40
15	Mmc - Er Bills	7,794.00	3,511.80
Expenditures		35,539.73	16,140.59
Reimb/Adjustments		-57.79	-57.79
Grand Total		35,481.94	16,082.80
		Expenses	50,001.04
		Co-Pays	< 120.00 >
			65,963.84



1/11/2024

MEMORIAL MEDICAL CENTER

So Much... So Close!


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

Date: 1/8/2023
Invoice # 391
For: Dec-23

Bill To:
Calhoun County

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

Total \$ 4,166.67 ✓

 1/8/24
Andrew De Los Santos
Controller

APPROVED ON
JAN 16 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE: 01/08/24
TIME: 11:56

MEMORIAL MEDICAL CENTER
RECEIPTS FROM 12/01/23 TO 12/31/23

PAGE 123
RCMREP

G/L NUMBER	RECEIPT PAY DATE	NUMBER	TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	COLL GL CASH INIT CODE ACCOUNT
50200.000	12/29/23	687068	IN	VHA OFFICE OF COMMU	192.10-	192.10-			00/00/00	RC 2
TOTAL 50200.000 COMMERCIAL INS. -ADJ						-327593.10				
50240.000	12/01/23	683987	VI		10.00	10.00			00/00/00	PLB 2
TOTAL 50240.000 COUNTY INDIGENT COPAYS						10.00				

MEMORIAL MEDICAL CENTER
CHECK REQUEST

 **COPY**

P CALHOUN COUNTY INDIGENT ACCOUNT

Date Requested: 1/08/23

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APPROVED ON

JAN 11 2024

FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor


☐ Return Check to Dept

AMOUNT \$10.00

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
G/L NUMBER: 50240000

EXPLANATION: TO TRANSFER INDIGENT CO-PAYS FROM OPERATING ACCOUNT TO THE INDIGENT ACCOUNT.

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

Calhoun County Indigent Care Patient Caseload 2023

	Approved	Denied	Removed	Active	Pending
January	0	0	0	1	7
February	2	0	1	2	6
March	0	5	0	2	5
April	2	1	0	4	5
May	1	6	1	4	3
June	0	2	2	3	4
July	0	3	0	3	6
August	1	1	0	4	6
September	0	2	0	4	8
October	0	8	0	4	4
November	0	2	0	4	4
December	0	1	1	3	6
YTD	6	31	5	38	64

Monthly Avg 1 3 0 3 5

December 2022 Active 1

Number of Charity patients 223

Number of Charity patients below 50% FPL 123

Number of Charity patients who meet State Indigent Guidelines 113

Calhoun County Pharmacy Assistance Patient Caseload 2023

	Approved	Refills	Removed	Active	Value
January	0	2	0	5	\$1,667.46
February	0	21	0	14	\$14,786.76
March	1	3	0	16	\$2,460.00
April	3	12	0	22	\$11,674.00
May	1	3	0	24	\$2,954.67
June	2	9	0	29	\$5,673.30
July	3	11	0	29	\$6,159.99
August	1	3	0	29	\$2,445.75
September	5	4	0	32	\$2,954.67
October	0	0	0	33	\$0.00
November	5	5	0	34	\$5,656.02
December	0	0	0	34	\$0.00
YTD PATIENT SAVINGS					\$56,432.62

Monthly Avg 2 6 - 25 \$4,702.72

December 2022 Active 55



PROSPERITY BANK®

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

Statement Date 12/31/2023
Account No ****4551
Page 1 of 2

13143

STATEMENT SUMMARY

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

12/01/2023	Beginning Balance		\$13,357.24
	3 Deposits/Other Credits	+	\$9,653.48
	6 Checks/Other Debits	-	\$13,211.92
12/31/2023	Ending Balance	31 Days in Statement Period	\$9,798.80
	Total Enclosures		8

DEPOSITS/OTHER CREDITS

Date	Description	Amount
12/01/2023	Deposit	\$5,446.69
12/28/2023	Deposit	\$4,184.32
12/31/2023	Accr Earning Pymt Added to Account	\$22.47

*#5436.69 Oct PD M²⁴
#10 Copy Nov PD*

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12618	12-28	\$4,166.67	12620	12-28	\$34.12	12622	12-28	\$34.71
12619	12-28	\$3,618.45	12621	12-28	\$4,166.67	12624*	12-28	\$1,191.30

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
12-01	\$18,803.93	12-28	\$9,776.33	12-31	\$9,798.80

EARNINGS SUMMARY

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

Interest Paid This Period	\$22.47	Annual Percentage Yield Earned	1.51 %
Interest Paid YTD	\$93.30	Days in Earnings Period	31
		Earnings Balance	\$17,639.08

MEMBER FDIC



NYSE Symbol "PB"

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