

**MEMORIAL MEDICAL CENTER**

**COMMISSIONERS COURT APPROVAL LIST FOR ----February 14, 2024**

by:CT

**INDIGENT HEALTHCARE FUND:**

**INDIGENT EXPENSES** 0.00

**SUBTOTAL**

Memorial Medical Center (Indigent Healthcare Payroll and Expenses)

**0.00**

**4,166.67**

Subtotal

**4,166.67**

**Co-pays adjustments for January 2024**

**0.00**

**Reimbursement from Medicaid**

**0.00**

**TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES**

**4,166.67**

**APPROVED**

**FEB 14 2024**

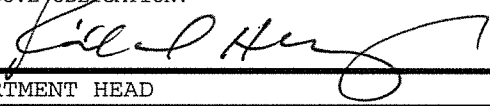
**CALHOUN COUNTY  
COMMISSIONERS COURT**

800 00000002/14/2024 01 CALHOUN COUNTY, TEXAS

DATE: 2/14/2024

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 02/14/2024			\$4,166.67
1000-001-46010	January 31, 2024 Interest			(\$12.36)
				\$4,154.31
COUNTY AUDITOR APPROVAL ONLY	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.			
APPROVED ON  FEB 12 2024  BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS	BY:  2/14/2024			
	DEPARTMENT HEAD DATE			



# PROSPERITY BANK®

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

Statement Date 1/31/2024  
Account No \*\*\*\*4551  
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## STATEMENT SUMMARY

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

01/01/2024	Beginning Balance			\$9,798.80
	1 Deposits/Other Credits	+		\$12.36
	1 Checks/Other Debits	-		\$80.00
01/31/2024	Ending Balance		31 Days in Statement Period	\$9,731.16
	Total Enclosures			1

## DEPOSITS/OTHER CREDITS

Date	Description	Amount
01/31/2024	Accr Earning Pymt Added to Account	\$12.36

## CHECKS

Check Number	Date	Amount
12623	01-05	\$80.00

## DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
01-01	\$9,798.80	01-05	\$9,718.80	01-31	\$9,731.16

## EARNINGS SUMMARY

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

Interest Paid This Period	\$12.36	Annual Percentage Yield Earned	1.51 %
Interest Paid YTD	\$12.36	Days in Earnings Period	31
		Earnings Balance	\$9,729.12

MEMBER FDIC



NYSE Symbol "PB"

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101331 : 01319301



**Cristina Tuazon**

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**From:** mescalante@mmcportlavaca.com (Monica Escalante) <mescalante@mmcportlavaca.com>  
**Sent:** Friday, February 9, 2024 1:32 PM  
**To:** Cristina Tuazon  
**Subject:** Indigent Report

**CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.**

Hi,

I do not have any claims/bills to submit for Indigent Care. The 2 Invoices I have received from MedImpact did not had any activity. I am down to just 1 Indigent patient as of January when I removed 2 patients. So I have nothing to submit to the County for January's report.

Thanks,

*Monica Escalante*

CIHCP Coordinator  
Memorial Medical Center  
815 N. Virginia St.  
Port Lavaca, Tx 77979  
Office - 361-552-0340  
Fax - 361-552-0338  
[mescalante@mmcportlavaca.com](mailto:mescalante@mmcportlavaca.com)

**MEMORIAL**  
**MEDICAL**  **CENTER**

So Much... So Close!