

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ----February 25, 2026

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

HEB Pharmacy (Medimpact) Pharmacy Reimbursement	4.86
Memorial Medical Clinic	120.00
MMCenter (In-patient \$0/ Out-patient \$6,356.64/ER \$0)	6,356.64

SUBTOTAL	6,481.50
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)	4,166.67
Subtotal	10,648.17
Co-pays adjustments for January 2026	(10.00)
Reimbursement from Medicaid	0.00

TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	10,638.17
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APPROVED

FEB 25 2026

**CALHOUN COUNTY
COMMISSIONERS COURT**

000 000000002/17/2026 0 CALHOUN COUNTY, TEXAS

DATE: 2/17/2026
 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 02/25/2026			\$10,638.17
1000-001-46010	January 31, 2026 Interest			(\$28.75)
				\$10,609.42

COUNTY AUDITOR APPROVAL ONLY
APPROVED ON
FEB 19 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: *[Signature]*
 DEPARTMENT HEAD
 DATE: 2-19-2026

eIHS
Issued 02/09/26

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

Source	Description	Amount Billed	Amount Paid
02	Prescription Drugs	4.86	4.86
08	Rural Health Clinics	120.00	120.00
14	Mmc - Hospital Outpatient	11,152.00	6,356.64
	Expenditures	11,276.86	6,481.50
	Reimb/Adjustments		
	Grand Total	11,276.86	6,481.50
		Expenses	4,166.67
		Co-Pays	< 10.00 >
			10,638.17

Erin Cleary
2/9/26

APPROVED ON

FEB 17 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

**MEMORIAL
MEDICAL CENTER**



So Much... So Close!

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

Date: 2/19/2026
Invoice # 416
For: Jan-26

Bill To:
Calhoun County

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

Total \$ 4,166.67

Michelle Cumberland

Michelle Cumberland, CFO

APPROVED ON

FEB 17 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE: 02/04/26
TIME: 11:05

MEMORIAL MEDICAL CENTER
RECEIPTS FROM 01/01/26 TO 01/31/26

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RCMREP

G/L NUMBER	RECEIPT DATE	PAY NUMBER	TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	COLL INIT	GL CODE	CASH ACCOUNT
50240.000	01/26/26	781715	VI		10.00	10.00			00/00/00	PLB		1
TOTAL 50240.000 COUNTY INDIGENT COPAYS						10.00						

APPROVED ON

FEB 17 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Calhoun County Indigent Care Patient Caseload 2026

	Approved	Denied	Removed	Active	Pending
January	0	0	0	5	4
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
YTD	0	0			
Monthly Avg	-	-	-	5	4
December 2025 Active		5			



PROSPERITY BANK®

Statement Date 1/31/2026
 Account No ****4551
 Page 1 of 2

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

12536

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

01/01/2026	Beginning Balance			\$29,585.65
	3 Deposits/Other Credits		+	\$5,996.12
	5 Checks/Other Debits		-	\$24,809.74
01/31/2026	Ending Balance	31	Days in Statement Period	\$10,772.03
	Total Enclosures			7

DEPOSITS/OTHER CREDITS

Date	Description	Amount
01/09/2026	Deposit	\$40.00
01/27/2026	Deposit	\$5,927.37
01/31/2026	Accr Earning Pymt Added to Account	\$28.75

Nov copays
Dec copay #
Dec #58973

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12692	01-22	\$240.00	12694	01-22	\$11.65	12696	01-22	\$4,166.67
12693	01-22	\$20,113.26	12695	01-22	\$278.16			

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
01-01	\$29,585.65	01-22	\$4,815.91	01-31	\$10,772.03
01-09	\$29,625.65	01-27	\$10,743.28		

EARNINGS SUMMARY

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

Interest Paid This Period	\$28.75	Annual Percentage Yield Earned	1.51 %
Interest Paid YTD	\$28.75	Days in Earnings Period	31
		Earnings Balance	\$22,568.21

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