

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---March 19, 2025

by:CT

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

MMCenter (In-patient \$0/ Out-patient \$30.25/ER \$0) 30.25

SUBTOTAL		30.25
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		4,166.67
	Subtotal	4,196.92
Co-pays adjustments for February 2025		0.00
Reimbursement from Medicaid		0.00

TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	4,196.92
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APPROVED

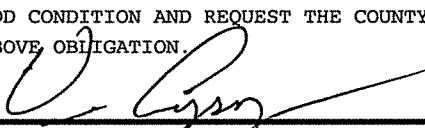
MAR 19 2025

**CALHOUN COUNTY
COMMISSIONERS COURT**

800 00000003/19/2025 01	CALHOUN COUNTY, TEXAS
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DATE: 3/19/2025	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			\$4,196.92
	approved by Commissioners Court on 03/19/2025			
1000-001-46010	February 28, 2025 Interest			(\$8.21)
				\$4,188.71

COUNTY AUDITOR APPROVAL ONLY	<p>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.</p> <p>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.</p>
<p>APPROVED ON</p> <p>MAR 11 2025</p> <p>BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS</p>	<p>BY: </p> <p>3/19/2025</p>
	<p>DEPARTMENT HEAD</p> <p>DATE</p>

MEMORIAL MEDICAL CENTER

So Much... So Close!

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

Date: 3/10/2025

Invoice # 405

For: Feb-25

Bill To:

Calhoun County

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

Total \$ 4,166.67



Michelle Cumberland
Controller

APPROVED ON

MAR 11 2025


BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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Issued 03/06/25

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 03/01/2025 through 03/01/2025
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
14	Mmc - Hospital Outpatient	64.00	30.25
	Expenditures	64.00	30.25
	Reimb/Adjustments		
	Grand Total	64.00	30.25

Expenses	4,166.67
Co-Pays	< 0.00 >
	<u>4,196.92</u>

Grin C
3/7/2025

APPROVED ON

MAR 11 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

©IHS
Issued 03/06/25

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 02/01/2025 through 03/01/2025
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
14	Mmc - Hospital Outpatient	64.00	30.25
	Expenditures	64.00	30.25
	Reimb/Adjustments		
	Grand Total	64.00	30.25
		Expenses	8,333.34
		Co-Pays	< 0.00 >
			8,363.59

Qui S
3/7/2025

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					
April					
May					
June					
July					
August					
September					
October					
November					
December					
YTD	1	2	0	3	4
Monthly Avg	1	1	-	2	2
December 2024 Active		1			
Number of Charity patients					214
Number of Charity patients below <u>50% FPL</u>					95
Number of Charity patients who meet State Indigent Guidelines					84

Calhoun County Pharmacy Assistance Patient Caseload 2025

	Approved	Refills	Removed	Active	Value
January	2	6	0	4	\$3,841.00
February	1	3	0	7	\$1,885.11
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
YTD PATIENT SAVINGS					\$5,726.11
Monthly Avg	2	5	-	6	\$2,863.06
December 2024 Active		35			



PROSPERITY BANK®

Statement Date 2/28/2025

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

12931

STATEMENT SUMMARY

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

02/01/2025	Beginning Balance		\$5,502.88
	2 Deposits/Other Credits	+	\$4,166.19
	1 Checks/Other Debits	-	\$4,166.67
02/28/2025	Ending Balance	28 Days in Statement Period	\$5,502.40
	Total Enclosures		2

DEPOSITS/OTHER CREDITS

Date	Description	Amount
02/07/2025	Deposit	\$4,157.98
02/28/2025	Accr Earning Pymt Added to Account	\$8.21

CHECKS

Check Number	Date	Amount
12658	02-18	\$4,166.67

DAILY ENDING BALANCE

Date	Balance	Date	Balance
02-01	\$5,502.88	02-18	\$5,494.19
02-07	\$9,660.86	02-28	\$5,502.40

EARNINGS SUMMARY

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

Interest Paid This Period	\$8.21	Annual Percentage Yield Earned	1.51 %
Interest Paid YTD	\$17.11	Days in Earnings Period	28
		Earnings Balance	\$7,132.96