

MEMORIAL MEDICAL CENTER

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

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

HEB Pharmacy (Medimpact) Pharmacy Reimbursement	18.89	
Memorial Medical Center Hospital Campus	80.00	
Memorial Medical Clinic	120.00	
MMCenter (In-patient \$0/ Out-patient \$3,190.29/ER \$2,336.43)	5,526.72	
SUBTOTAL	5,745.61	
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)	4,166.67	
	<hr/>	
	Subtotal	9,912.28
Co-pays adjustments for February 2026	(20.00)	
Reimbursement from Medicaid	0.00	
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	9,892.28	

APPROVED

MAR 25 2026

**CALHOUN COUNTY
COMMISSIONERS COURT**

00 000000003/11/2026 0 CALHOUN COUNTY, TEXAS

DATE: 3/11/2026
 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 03/25/2026			\$9,892.28
1000-001-46010	February 28, 2026 Interest			(\$3.69)
				\$9,888.59

COUNTY AUDITOR APPROVAL ONLY

RECEIVED ON

MAR 11th 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]* DATE: 3-12-2026

DEPARTMENT HEAD DATE

CIHS
Issued 03/09/26

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 03/01/2026 through 03/01/2026
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
02	Prescription Drugs	18.89	18.89
08	Rural Health Clinics	200.00	200.00
14	Mmc - Hospital Outpatient	5,597.00	3,190.29
15	Mmc - Er Bills	4,099.00	2,336.43
	Expenditures	9,916.97	5,747.69
	Reimb/Adjustments	-2.08	-2.08
	Grand Total	9,914.89	5,745.61
		Expenses	4,166.67
		Co-Pay	< 20.00 >
			9,892.28

Kim Cleary
3/9/2026

APPROVED ON
MAR 11 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

oIHS
Issued 03/09/26

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 02/01/2026 through 03/01/2026
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
02	Prescription Drugs	23.75	23.75
08	Rural Health Clinics	320.00	320.00
14	Mmc - Hospital Outpatient	16,749.00	9,546.93
15	Mmc - Er Bills	4,099.00	2,336.43
	Expenditures	21,193.83	12,229.19
	Reimb/Adjustments	-2.08	-2.08
	Grand Total	21,191.75	12,227.11
			<hr/> 20,530.45

Kevin Cleary
3/9/2026

**MEMORIAL
MEDICAL CENTER**



So Much... So Close!

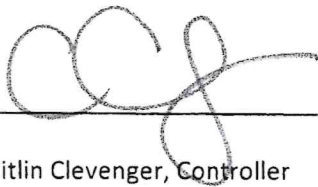
815 N. Virginia St. Port Lavaca, Texas 77979 (361) 552-6713

Date: 3/10/2026
Invoice # 418
For: Feb-26

Bill To:
Calhoun County

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

Total \$ 4,166.67


Caitlin Clevenger, Controller

APPROVED ON
MAR 11 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	1	0	1	5	4
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
YTD	1	0			
Monthly Avg	1	-	1	5	4
December 2025 Active		5			
Number of Charity patients					84
Number of Charity patients below <u>50% FPL</u>					11
Number of Charity patients who meet State Indigent Guidelines					4

SPC



PROSPERITY BANK®

Statement Date 2/27/2026
Account No ****4551

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

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STATEMENT SUMMARY

Public Fund Ckg w-Interest Account No ****4551

02/17/2026	Beginning Balance		\$4,821.33
	2 Deposits/Other Credits	+	\$10,613.11
	0 Checks/Other Debits	-	\$0.00
02/27/2026	Ending Balance	11 Days in Statement Period	\$15,434.44
	Total Enclosures		1

DEPOSITS/OTHER CREDITS

Date	Description	Amount
02/26/2026	Deposit	\$10,609.42
02/27/2026	Eff. 02-28 Credit Interest	\$3.69

Jan Ondiger

TOTAL OVERDRAFT FEES

	Total For This Period	Total Year-to-Date
Total Overdraft Fees	\$0.00	\$0.00
Total Return Item Fees	\$0.00	\$0.00

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
02-17	\$4,821.33	02-26	\$15,430.75	02-27	\$15,434.44

EARNINGS SUMMARY

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

Interest Paid This Period	\$3.05	Annual Percentage Yield Earned	1.51%
Interest Paid YTD	\$36.10	Days in Earnings Period	11

101451 : 00496001

