

**MEMORIAL MEDICAL CENTER**

**COMMISSIONERS COURT APPROVAL LIST FOR ----March 27, 2024**

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 February2024**

**0.00**

**Reimbursement from Medicaid**

**0.00**

<b>TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES</b>	<b>4,196.92</b>
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**APPROVED**

MAR 27 2024

**CALHOUN COUNTY  
COMMISSIONERS COURT**

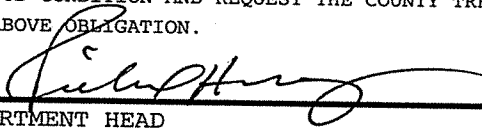
800 00000003/27/2024 01 CALHOUN COUNTY, TEXAS

DATE: 3/27/2024

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 03/27/2024			\$4,196.92
1000-001-46010	February 29, 2024 Interest			(\$10.89)
				\$4,186.03

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 MAR 20 2024 BY COUNTY AUDITOR CALHOUN COUNTY TEXAS	BY:  3/27/2024 DEPARTMENT HEAD DATE

•IHS  
Issued 03/18/24


**Source Totals Report**  
Calhoun Indigent Health Care  
Batch Dates 03/01/2024 through 03/01/2024  
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
14	Mmc - Hospital Outpatient	54.00	30.25
	<b>Expenditures</b>	54.00	30.25
	<b>Reimb/Adjustments</b>		
	<b>Grand Total</b>	<b>54.00</b>	<b>30.25</b>

Expenses	4,166.67
Co-Pays	< 0.00>
	<hr/> 4,196.67

APPROVED ON  
MAR 20 2024  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

  
3/19/24

RECEIVED  
3/20/24  


### Calhoun County Indigent Care Patient Caseload 2024

	Approved	Denied	Removed	Active	Pending
January	0	3	2	1	7
February	0	3	0	1	5
March	0	0	0	0	0
April	0	0	0	0	0
May	0	0	0	0	0
June	0	0	0	0	0
July	0	0	0	0	0
August	0	0	0	0	0
September	0	0	0	0	0
October	0	0	0	0	0
November	0	0	0	0	0
December	0	0	0	0	0
YTD	0	6	2	2	12

Monthly Avg                    -                    1                    0                    0                    1

December 2023 Active                    4

Number of Charity patients                    258

Number of Charity patients below 50% FPL                    136

Number of Charity patients who meet State Indigent Guidelines                    129

### Calhoun County Pharmacy Assistance Patient Caseload 2024

	Approved	Refills	Removed	Active	Value
January	6	18	0	7	\$9,662.15
February	0	0	0	0	\$0.00
March	0	0	0	0	\$0.00
April	0	0	0	0	\$0.00
May	0	0	0	0	\$0.00
June	0	0	0	0	\$0.00
July	0	0	0	0	\$0.00
August	0	0	0	0	\$0.00
September	0	0	0	0	\$0.00
October	0	0	0	0	\$0.00
November	0	0	0	0	\$0.00
December	0	0	0	0	\$0.00
YTD PATIENT SAVINGS					\$9,662.15

Monthly Avg                    1                    2                    -                    1                    \$805.18

December 2023 Active                    36

# MEMORIAL MEDICAL CENTER

*So Much... So Close!*

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

Date: 3/11/2024

Invoice # 393


For: Feb-24

Bill To:

Calhoun County

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

Total \$ 4,166.67

 3/11/24  
Andrew De Los Santos  
Controller



# PROSPERITY BANK®

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

Statement Date 2/29/2024  
Account No \*\*\*\*4551  
Page 1 of 2

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## STATEMENT SUMMARY

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

02/01/2024	Beginning Balance			\$9,731.16
	3 Deposits/Other Credits	+		\$4,908.29
	5 Checks/Other Debits	-		\$9,053.54
02/29/2024	Ending Balance	29	Days in Statement Period	\$5,585.91
	Total Enclosures			7

## DEPOSITS/OTHER CREDITS

Date	Description	Amount
02/01/2024	Deposit	\$10.00
02/05/2024	Deposit	\$4,887.40
02/29/2024	Accr Earning Pymt Added to Account	\$10.89

Copy  
Dec 23  
Dec PB

## CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12625	02-05	\$4,166.67	12627	02-23	\$658.90	12629	02-23	\$26.93
12626	02-05	\$34.37	12628	02-23	\$4,166.67			

## DAILY ENDING BALANCE

Date	Balance	Date	Balance
02-01	\$9,741.16	02-23	\$5,575.02
02-05	\$10,427.52	02-29	\$5,585.91

## EARNINGS SUMMARY

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

Interest Paid This Period	\$10.89	Annual Percentage Yield Earned	1.51 %
Interest Paid YTD	\$23.25	Days in Earnings Period	29
		Earnings Balance	\$9,161.56

MEMBER FDIC



NYSE Symbol "PB"

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