

**MEMORIAL MEDICAL CENTER**

**COMMISSIONERS COURT APPROVAL LIST FOR --- April 22, 2026**

**INDIGENT HEALTHCARE FUND:**

**INDIGENT EXPENSES**

|   |          |
|---|----------|
| HEB Pharmacy (Medimpact) Pharmacy Reimbursement               | 8.32     |
| Memorial Medical Center Hospital Campus                       | 120.00   |
| Memorial Medical Clinic                                       | 240.00   |
| MMCenter (In-patient \$0/ Out-patient \$249.70/ER \$4,143.90) | 4,393.60 |
| Victoria Eye Center   | 1,322.50 |
| Detar Healthcare System                                       | 2.69     |

|  |                    |
|--|--------------------|
| <b>SUBTOTAL</b>  | <b>6,087.11</b>    |
| Memorial Medical Center (Indigent Healthcare Payroll and Expenses) | <b>4,166.67</b>    |
|  | <hr/>              |
|  | Subtotal 10,253.78 |
| Co-pays adjustments for March 2026                                 | <b>(30.00)</b>     |
| Reimbursement from Medicaid  | 0.00               |

|   |                  |
|---|------------------|
| <b>TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES</b> | <b>10,223.78</b> |
|---|------------------|

**APPROVED**

APR 22 2026

**CALHOUN COUNTY  
COMMISSIONERS COURT**

000 000000004/10/2026 0 CALHOUN COUNTY, TEXAS

DATE: 4/10/2026

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 approved by Commissioners Court on 04/22/2026 |          |            | \$10,223.78 |
|                    |  |          |            |             |
|                    |  |          |            |             |
|                    |  |          |            |             |
| 1000-001-46010     | March 31, 2026 Interest  |          |            | (\$9.91)    |
|                    |  |          |            |             |
|                    |  |          |            |             |
|                    |  |          |            | \$10,213.87 |

COUNTY AUDITOR APPROVAL ONLY

**APPROVED ON**

**APR 13 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

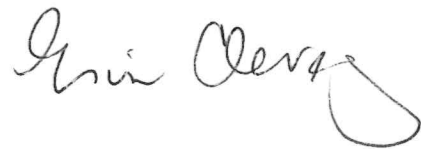
BY: *[Signature]* DATE: 4-13-2026

DEPARTMENT HEAD DATE

oIHS  
Issued 04/08/26

**Source Totals Report**  
Calhoun Indigent Health Care  
Batch Dates 04/01/2026 through 04/01/2026  
For Source Group Indigent Health Care  
For Vendor: All Vendors

| Source | Description               | Amount Billed    | Amount Paid            |
|--------|---------------------------|------------------|------------------------|
| 01     | Physician Services        | 2,000.00         | 1,322.50               |
| 02     | Prescription Drugs        | 8.32             | 8.32                   |
| 04     | Hospital Out-Patient      | 38.49            | 2.69                   |
| 08     | Rural Health Clinics      | 360.00           | 360.00                 |
| 14     | Mmc - Hospital Outpatient | 481.00           | 249.70                 |
| 15     | Mmc - Er Bills            | 7,270.00         | 4,143.90               |
|        | <b>Expenditures</b>       | <u>10,157.81</u> | <u>6,087.11</u>        |
|        | <b>Reimb/Adjustments</b>  |                  |                        |
|        | <b>Grand Total</b>        | <b>10,157.81</b> | <b>6,087.11</b>        |
|        |                           | Expenses         | 4,166.67               |
|        |                           | Co Pays          | <u>&lt; 30.00 &gt;</u> |
|        |                           |                  | 10,223.78              |



APPROVED ON

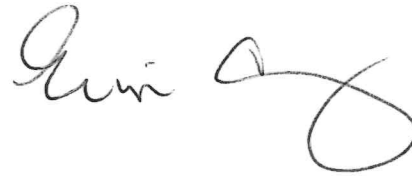
APR 10 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

©IHS  
Issued 04/08/26

**Source Totals Report**  
Calhoun Indigent Health Care  
Batch Dates 02/01/2026 through 04/01/2026  
For Vendor: All Vendors

| Source | Description               | Amount Billed    | Amount Paid      |
|--------|---------------------------|------------------|------------------|
| 01     | Physician Services        | 2,000.00         | 1,322.50         |
| 02     | Prescription Drugs        | 32.07            | 32.07            |
| 04     | Hospital Out-Patient      | 38.49            | 2.69             |
| 08     | Rural Health Clinics      | 680.00           | 680.00           |
| 14     | Mmc - Hospital Outpatient | 17,230.00        | 9,796.63         |
| 15     | Mmc - Er Bills            | 11,369.00        | 6,480.33         |
|        | <b>Expenditures</b>       | <b>31,351.64</b> | <b>18,316.30</b> |
|        | <b>Reimb/Adjustments</b>  | <b>-2.08</b>     | <b>-2.08</b>     |
|        | <b>Grand Total</b>        | <b>31,349.56</b> | <b>18,314.22</b> |
|        |                           | Expenses         | 12,500.01        |
|        |                           | Co Pays          | < 60.00 >        |
|        |                           |                  | <b>30,754.23</b> |



# MEMORIAL MEDICAL CENTER

*So Much... So Close!*

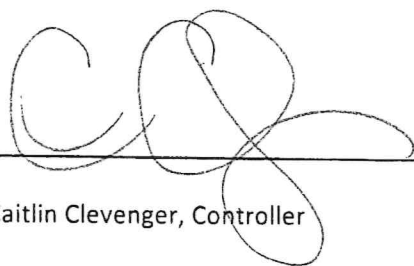
815 N. Virginia St. Port Lavaca, Texas 77979 (361) 552-6713

Date: 4/8/2026  
Invoice # 419  
For: Mar-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

APR 10 2026

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

RUN DATE: 04/07/26  
TIME: 09:59

MEMORIAL MEDICAL CENTER  
RECEIPTS FROM 03/01/26 TO 03/31/26

PAGE 260  
RCMREP

| G/L<br>NUMBER | RECEIPT PAY<br>DATE | NUMBER | TYPE | PAYER | CASH<br>AMOUNT | RECEIPT<br>AMOUNT | NUMBER | NAME | DISC<br>DATE | COLL GL CASH<br>INIT CODE ACCOUNT |
|---------------|---------------------|--------|------|-------|----------------|-------------------|--------|------|--------------|-----------------------------------|
|---------------|---------------------|--------|------|-------|----------------|-------------------|--------|------|--------------|-----------------------------------|

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|  |          |        |    |  |       |       |  |  |          |       |
|--|----------|--------|----|--|-------|-------|--|--|----------|-------|
| 50240.000                                  | 03/05/26 | 788766 | CA |  | 10.00 | 10.00 |  |  | 00/00/00 | PLB 1 |
| 50240.000                                  | 03/09/26 | 789627 | VI |  | 10.00 | 10.00 |  |  | 00/00/00 | PLB 1 |
| 50240.000                                  | 03/16/26 | 790988 | VI |  | 10.00 | 10.00 |  |  | 00/00/00 | PLB 1 |
| **TOTAL** 50240.000 COUNTY INDIGENT COPAYS |          |        |    |  |       | 30.00 |  |  |          |       |

### 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                | 0        | 4      | 0       | 5      | 3       |
| April                |          |        |         |        |         |
| May                  |          |        |         |        |         |
| June                 |          |        |         |        |         |
| July                 |          |        |         |        |         |
| August               |          |        |         |        |         |
| September            |          |        |         |        |         |
| October              |          |        |         |        |         |
| November             |          |        |         |        |         |
| December             |          |        |         |        |         |
| YTD                  | 1        | 4      |         |        |         |
| Monthly Avg          | 0        | 1      | 0       | 5      | 4       |
| December 2025 Active |          | 5      |         |        |         |



# PROSPERITY BANK®

Statement Date 3/31/2026  
Account No \*\*\*\*4551

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

Page 1 of 3

4630

### STATEMENT SUMMARY

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

|            |                          |                             |             |
|------------|--------------------------|-----------------------------|-------------|
| 02/28/2026 | Beginning Balance        |                             | \$15,434.44 |
|            | 5 Deposits/Other Credits | +                           | \$9,988.50  |
|            | 8 Checks/Other Debits    | -                           | \$20,560.45 |
| 03/31/2026 | Ending Balance           | 32 Days in Statement Period | \$4,862.49  |
|            | Total Enclosures         |                             | 12          |

### DEPOSITS/OTHER CREDITS

| Date       | Description     | Amount                               |
|------------|-----------------|--------------------------------------|
| 03/09/2026 | Deposit         | \$60.00 <i>Apr/Aug/Oct 2025 copy</i> |
| 03/23/2026 | Deposit         | \$20.00 <i>Feb copy</i>              |
| 03/25/2026 | Deposit         | \$9,888.59 <i>Feb Indis</i>          |
| 03/30/2026 | Deposit         | \$10.00 <i>Jan copy</i>              |
| 03/31/2026 | Credit Interest | \$9.91                               |

### CHECKS

| Check Number | Date  | Amount     | Check Number | Date  | Amount     | Check Number | Date  | Amount     |
|--------------|-------|------------|--------------|-------|------------|--------------|-------|------------|
| 12701        | 03-04 | \$6,356.64 | 12704        | 03-04 | \$4,166.67 | 12707        | 03-31 | \$200.00   |
| 12702        | 03-04 | \$4.86     | 12705        | 03-31 | \$5,526.72 | 12708        | 03-31 | \$4,166.67 |
| 12703        | 03-04 | \$120.00   | 12706        | 03-31 | \$18.89    |              |       |            |

### 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    |
|-------|-------------|-------|-------------|-------|------------|
| 02-28 | \$15,434.44 | 03-23 | \$4,866.27  | 03-31 | \$4,862.49 |
| 03-04 | \$4,786.27  | 03-25 | \$14,754.86 |       |            |
| 03-09 | \$4,846.27  | 03-30 | \$14,764.86 |       |            |



102091 : 00463001

