

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---April 23, 2025

by:CT

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

MMCenter (In-patient \$0/ Out-patient \$130.56/ER \$204.96)	335.52
SUBTOTAL	335.52
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)	4,166.67
	Subtotal 4,502.19
Co-pays adjustments for March 2025	0.00
Reimbursement from Medicaid	0.00
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	4,502.19

APPROVED

APR 23 2025

**CALHOUN COUNTY
COMMISSIONERS COURT**

800 00000004/23/2025 01 CALHOUN COUNTY, TEXAS

DATE: 4/23/2025
 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 04/23/2025			\$4,502.19
1000-001-46010	March 31, 2025 Interest			(\$9.06)
				\$4,493.13

COUNTY AUDITOR APPROVAL ONLY APPROVED ON APR 22 2025 <i>CA</i> 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: <i>[Signature]</i> DEPARTMENT HEAD	4/23/2025 DATE
--	--	-------------------

MEMORIAL MEDICAL CENTER

So Much... So Close!

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

Date: 4/8/2025
Invoice # 406
For: Mar-25


Bill To:
Calhoun County

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

Total \$ 4,166.67

Michelle Cumberland

Michelle Cumberland
Controller

APPROVED ON
APR 9 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

oIHS
Issued 04/07/25

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 04/01/2025 through 04/01/2025
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
14	Mmc - Hospital Outpatient	272.00	130.56
15	Mmc - Er Bills	427.00	204.96
	Expenditures	699.00	335.52
	Reimb/Adjustments		
	Grand Total	699.00	335.52

Expenses	4,166.67
Co-pays	<0.00>
	<u>4,502.19</u>

Em
4/8/25

APPROVED ON
APR 9 2025
ct
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

oIHS
Issued 04/08/25

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 02/01/2025 through 04/01/2025
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
14	Mmc - Hospital Outpatient	336.00	160.81
15	Mmc - Er Bills	427.00	204.96
	Expenditures	<u>763.00</u>	<u>365.77</u>
	Reimb/Adjustments		
	Grand Total	<u>763.00</u>	<u>365.77</u>

Expenses	12,500.01
Co-Pays	<u>< 0.00 ></u>
	12,865.78

Erin S
4/8/25

APPROVED ON

APR 9 2025

GT
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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	0	3	0	2	2
April					
May					
June					
July					
August					
September					
October					
November					
December					
YTD	1	5	0	5	6
Monthly Avg	0	2	-	2	2
December 2024 Active		1			
Number of Charity patients					204
Number of Charity patients below <u>50% FPL</u>					98
Number of Charity patients who meet State Indigent Guidelines					87

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	4	13	0	12	\$8,764.64
April					
May					
June					
July					
August					
September					
October					
November					
December					
YTD PATIENT SAVINGS					\$14,490.75
Monthly Avg	2	7	-	8	\$4,830.25
December 2024 Active		35			



PROSPERITY BANK®

Statement Date 3/31/2025
 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

13010

STATEMENT SUMMARY

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

03/01/2025	Beginning Balance		\$5,502.40
	3 Deposits/Other Credits	+	\$8,355.54
	1 Checks/Other Debits	-	\$4,166.67
03/31/2025	Ending Balance	31 Days in Statement Period	\$9,691.27
	Total Enclosures		3

DEPOSITS/OTHER CREDITS

Date	Description	Amount
03/06/2025	Deposit	\$4,157.77
03/28/2025	Deposit	\$4,188.71
03/31/2025	Accr Earning Pymt Added to Account	\$9.06

PO 2/26/25
PO 3/19/25

CHECKS

Check Number	Date	Amount
12659	03-14	\$4,166.67

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
03-01	\$5,502.40	03-14	\$5,493.50	03-31	\$9,691.27
03-06	\$9,660.17	03-28	\$9,682.21		

EARNINGS SUMMARY

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

Interest Paid This Period	\$9.06	Annual Percentage Yield Earned	1.51 %
Interest Paid YTD	\$26.17	Days in Earnings Period	31
		Earnings Balance	\$7,110.68

0000

101181 : 01301001

