

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- May 20, 2026

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

HEB Pharmacy (Medimpact) Pharmacy Reimbursement		\$18.92
MMCenter (In-patient \$0/ Out-patient \$3033.01/ER \$0)		\$3,033.01
Citizens Medical Professional		\$143.00
		<hr/>
SUBTOTAL		\$3,194.93
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		\$4,166.67
	Subtotal	<hr/> \$7,361.60
Co-pays adjustments for April 2026		0.00
Reimbursement from Medicaid		0.00
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES		7,361.60

APPROVED

MAY 20 2026

**CALHOUN COUNTY
COMMISSIONERS COURT**

000 000000005/07/2026 0 CALHOUN COUNTY, TEXAS

DATE: 5/7/2026
 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 05/20/2026			\$7,361.60
1000-001-46010	April 30, 2026 Interest			(\$8.63)
				\$7,352.97

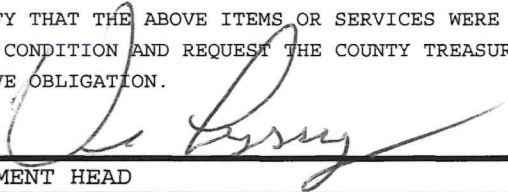
COUNTY AUDITOR APPROVAL ONLY

APPROVED ON
 MAY 08 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: 

DATE: 5-8-2026

DEPARTMENT HEAD DATE

oIHS
Issued 05/05/26

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 05/01/2026 through 05/01/2026
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01-2	Physician Services- Anesthesia	805.00	143.00
02	Prescription Drugs	18.92	18.92
14	Mmc - Hospital Outpatient	5,364.00	3,033.01
	Expenditures	6,187.92	3,194.93
	Reimb/Adjustments		
	Grand Total	6,187.92	3,194.93
		Expenses	4,166.67
		Co Pays	< 0.00 >
			7,361.60

Quin Cleary
5/10/26

oIHS
Issued 05/05/26

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 02/01/2026 through 05/01/2026
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	2,000.00	1,322.50
01-2	Physician Services- Anesthesia	805.00	143.00
02	Prescription Drugs	50.99	50.99
04	Hospital Out-Patient	38.49	2.69
08	Rural Health Clinics	680.00	680.00
14	Mmc - Hospital Outpatient	22,594.00	12,829.64
15	Mmc - Er Bills	11,369.00	6,480.33
	Expenditures	37,539.56	21,511.23
	Reimb/Adjustments	-2.08	-2.08
	Grand Total	37,537.48	21,509.15
		Expenses	16,666.68
		Co Pays	< 60.00 >
			<u>38,115.83</u>

Grin
5/6/26

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	0	2	3	3	3
May					
June					
July					
August					
September					
October					
November					
December					
YTD	1	6			
Monthly Avg	0	2	1	5	4
December 2025 Active		5			

MEMORIAL MEDICAL CENTER



So Much... So Close!

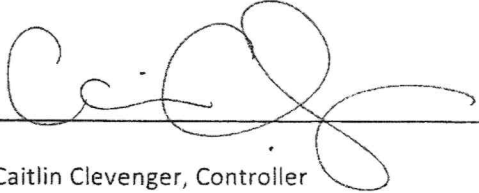
815 N. Virginia St. Port Lavaca, Texas 77979 (361) 552-6713

Date: 5/7/2026
Invoice # 420
For: Apr-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
MAY 08 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS



PROSPERITY BANK®

Statement Date 4/30/2026

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

4010

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

04/01/2026	Beginning Balance			\$4,862.49
	3 Deposits/Other Credits		+	\$10,252.50
	4 Checks/Other Debits		-	\$8,928.59
04/30/2026	Ending Balance	30	Days in Statement Period	\$6,186.40
	Total Enclosures			6

DEPOSITS/OTHER CREDITS

Date	Description	Amount
04/20/2026	Deposit	<i>Mar Copays</i> \$30.00
04/23/2026	Deposit	\$10,213.87
04/30/2026	Credit Interest	\$8.63

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount
12710	04-29	\$4,393.60	12712	04-29	\$360.00
12711	04-29	\$8.32	12714*	04-29	\$4,166.67

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
04-01	\$4,862.49	04-23	\$15,106.36	04-30	\$6,186.40
04-20	\$4,892.49	04-29	\$6,177.77		

EARNINGS SUMMARY

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

Interest Paid This Period	\$8.63	Annual Percentage Yield Earned	1.51%
Interest Paid YTD	\$54.64	Days in Earnings Period	30

