

**MEMORIAL MEDICAL CENTER**

**COMMISSIONERS COURT APPROVAL LIST FOR ----May 22, 2024**

by:CT

**INDIGENT HEALTHCARE FUND:**

**INDIGENT EXPENSES**

HEB Pharmacy (Medimpact) Pharmacy Reimbursement -13.65

**SUBTOTAL** (13.65)

Memorial Medical Center (Indigent Healthcare Payroll and Expenses) 4,166.67

Subtotal 4,153.02

Co-pays adjustments for April 2024 0.00

Reimbursement from Medicaid 0.00

**TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES 4,153.02** ✓

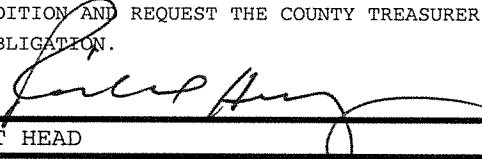
**APPROVED**

**MAY 22 2024**

**CALHOUN COUNTY  
COMMISSIONERS COURT**

800 00000005/22/2024 01	CALHOUN COUNTY, TEXAS
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DATE: 5/22/2024	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 05/22/2024			\$4,153.02
1000-001-46010	April 30, 2024 Interest			(\$11.59)
				\$4,141.43
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  MAY 21 2024  BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS	BY:  5/22/2024			
	DEPARTMENT HEAD		DATE	

# MEMORIAL MEDICAL CENTER

*So Much... So Close!*


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

Date: 5/8/2024  
Invoice # 395  
For: Apr-24

Bill To:  
Calhoun County

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

Total \$ 4,166.67

  
Andrew De Los Santos  
Controller

RECEIVED  
5 17 2024  
CT

©IHS  
Issued 05/16/24

**Source Totals Report**  
Calhoun Indigent Health Care  
Batch Dates 05/01/2024 through 05/01/2024  
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
	Expenditures	0.00	0.00
	Reimb/Adjustments		
	Grand Total		

**Source Totals Report Detail**  
Invoice #

Source	DOS	Amount Billed	Amount Paid
Grand Totals		0.00	0.00

0 invoices listed.  
0 line items listed. NO INVOICES FOUND FOR THIS TIME FRAME!

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

Erin Co  
5/16/24

RECEIVED  
5/17/2024  
G

©IHS  
Issued 05/16/24

**Source Totals Report**  
Calhoun Indigent Health Care  
Batch Dates 02/01/2024 through 05/01/2024  
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
14	Mmc - Hospital Outpatient	108.00	60.50
	Expenditures	108.00	60.50
	Reimb/Adjustments		
	Grand Total	108.00	60.50

Expenses	16,666.68
Co-Pays	< 0.00 >
	<u>16,727.18</u>

*g*  
5/17/24

RECEIVED  
5/17/2024  
*G*

### 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	4	0	1	4
April	1	0	0	2	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	1	10	2	5	16

Monthly Avg                      0                      1                      0                      0                      1

December 2023 Active                      4

Number of Charity patients                      249

Number of Charity patients below 50% FPL                      117

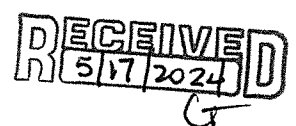
Number of Charity patients who meet State Indigent Guidelines                      109

### Calhoun County Pharmacy Assistance Patient Caseload 2024

	Approved	Refills	Removed	Active	Value
January	6	18	0	7	\$9,662.15
February	0	0	0	10	\$0.00
March	3	9	0	17	\$8,345.67
April	5	15	0	20	\$8,332.53
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					\$26,340.35

Monthly Avg                      1                      4                      -                      5                      \$2,195.03

December 2023 Active                      36





## INVOICE

**Bill To:**

HPL10  
HEB - CALHOUN COUNTY  
815 N. VIRGINIA ST  
PORT LAVACA, TX 77977

Invoice Date: 03/29/2024

Invoice #: 31184578

EOB Cycle: 51113

Claims Date Range: 03/15/2024-03/28/2024

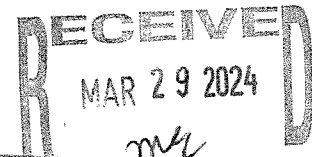
**Remit Instructions:****Wire Payments To:**

Bank Name: US Bank  
Bank Address: 4747 Executive Drive, 3rd Floor  
San Diego, CA 92121  
Bank Telephone #: (866) 715-2599  
Account Name: MedImpact Healthcare Systems, Inc.  
Wire ABA #: 122-235-821  
ACH ABA #: 121-122-676  
Account Number: 1575-0321-7182

**Check Payments:**

Please mail all check payments to our lockbox address:  
Checks Payable to MedImpact Healthcare Systems, Inc.  
MedImpact Healthcare Systems, Inc.  
PO Box 511334  
Los Angeles, CA 90051-7889

**Invoice Total: \$0.00**  
**Invoice Due Date: 04/12/2024**





## INVOICE

**Bill To:**

HPL10  
HEB - CALHOUN COUNTY  
815 N. VIRGINIA ST  
PORT LAVACA, TX 77977

Invoice Date: 04/12/2024

Invoice #: 31200409

EOB Cycle: 51114

Claims Date Range: 03/29/2024-04/11/2024

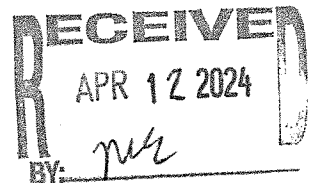
**Remit Instructions:****Wire Payments To:**

Bank Name: US Bank  
Bank Address: 4747 Executive Drive, 3rd Floor  
San Diego, CA 92121  
Bank Telephone #: (866) 715-2599  
Account Name: MediImpact Healthcare Systems, Inc.  
Wire ABA #: 122-235-821  
ACH ABA #: 121-122-676  
Account Number: 1575-0321-7182

**Check Payments:**

Please mail all check payments to our lockbox address:  
Checks Payable to MediImpact Healthcare Systems, Inc.  
MediImpact Healthcare Systems, Inc.  
PO Box 511334  
Los Angeles, CA 90051-7889

Invoice Total: \$0.00  
Invoice Due Date: 04/26/2024







## INVOICE

**Bill To:**

HPL10  
HEB - CALHOUN COUNTY  
815 N. VIRGINIA ST  
PORT LAVACA, TX 77977

Invoice Date: 04/26/2024

Invoice #: 31217962

EOB Cycle: 51115

Claims Date Range: 04/12/2024-04/25/2024

**Remit Instructions:****Wire Payments To:**

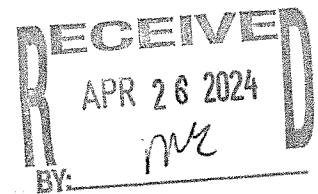
Bank Name: US Bank  
Bank Address: 4747 Executive Drive, 3rd Floor  
San Diego, CA 92121  
Bank Telephone #: (866) 715-2599  
Account Name: MedImpact Healthcare Systems, Inc.  
Wire ABA #: 122-235-821  
ACH ABA #: 121-122-676  
Account Number: 1575-0321-7182

**Check Payments:**

Please mail all check payments to our lockbox address:  
Checks Payable to MedImpact Healthcare Systems, Inc.  
MedImpact Healthcare Systems, Inc.  
PO Box 511334  
Los Angeles, CA 90051-7889

**Invoice Total: \$0.00**

**Invoice Due Date: 05/10/2024**





## INVOICE

**Bill To:**

HPL10  
HEB - CALHOUN COUNTY  
815 N. VIRGINIA ST  
PORT LAVACA, TX 77977

Invoice Date: 05/10/2024

Invoice #: 31230609

EOB Cycle: 51116

Claims Date Range: 04/26/2024-05/09/2024

**Remit Instructions:****Wire Payments To:**

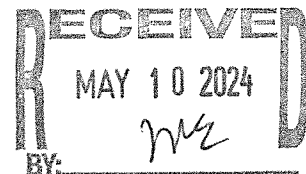
Bank Name: US Bank  
Bank Address: 4747 Executive Drive, 3rd Floor  
San Diego, CA 92121  
Bank Telephone #: (866) 715-2599  
Account Name: MediImpact Healthcare Systems, Inc.  
Wire ABA #: 122-235-821  
ACH ABA #: 121-122-676  
Account Number: 1575-0321-7182

**Check Payments:**

Please mail all check payments to our lockbox address:  
Checks Payable to MediImpact Healthcare Systems, Inc.  
MediImpact Healthcare Systems, Inc.  
PO Box 511334  
Los Angeles, CA 90051-7889

**Invoice Total: \$0.00**

**Invoice Due Date: 05/24/2024**





## Statement

Statement Date: 05/10/2024

Cust#: HPL10  
HEB - CALHOUN COUNTY  
815 N. VIRGINIA ST  
PORT LAVACA, TX 77977

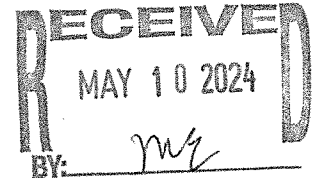
Transaction Type: PBM Client - CM

Date	Date Due	Invoice No.	Description	Amount	Balance
01/04/2024	01/04/2024	62525		(13.65)	(13.65)

**Balance Due USD (\$13.65)**

Current	Over 30 Days	Over 60 Days	Over 90 Days	Over 120 Days
0.00	0.00	0.00	0.00	(13.65)

paid 12/2023  
paid 1/2024





# PROSPERITY BANK®

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

Statement Date 4/30/2024  
Account No \*\*\*\*4551  
Page 1 of 2

13221

## STATEMENT SUMMARY

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

04/01/2024	Beginning Balance			\$5,517.35
	2 Deposits/Other Credits	+		\$4,197.62
	2 Checks/Other Debits	-		\$4,196.92
04/30/2024	Ending Balance	30	Days in Statement Period	\$5,518.05
	Total Enclosures			3

## DEPOSITS/OTHER CREDITS

Date	Description	Amount
04/02/2024	Deposit	\$4,186.03
04/30/2024	Accr Earning Pymt Added to Account	\$11.59

## CHECKS

Check Number	Date	Amount	Check Number	Date	Amount
12632	04-30	\$4,166.67	12633	04-30	\$30.25

## DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
04-01	\$5,517.35	04-02	\$9,703.38	04-30	\$5,518.05

## EARNINGS SUMMARY

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

Interest Paid This Period	\$11.59	Annual Percentage Yield Earned	1.51 %
Interest Paid YTD	\$46.01	Days in Earnings Period	30
		Earnings Balance	\$9,423.95

MEMBER FDIC



NYSE Symbol "PB"

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