

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---June 18, 2025

by:CT

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

Memorial Medical Clinic	100.00
MMCenter (In-patient \$0/ Out-patient \$580.32/ER \$06)	580.32
Radiology Unlimited PA	
Singleton Associates, PA	

SUBTOTAL	680.32
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)	4,166.67
	Subtotal 4,200.62
Co-pays adjustments for May 2025	(10.00)
Reimbursement from Medicaid	0.00

TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	4,190.62
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APPROVED

JUN 18 2025

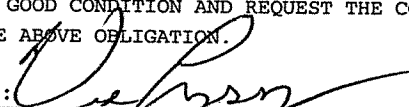
**CALHOUN COUNTY
COMMISSIONERS COURT**

800 0000006/18/2025 01 CALHOUN COUNTY, TEXAS

DATE: 6/18/2025
 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 06/18/2025			\$4,190.62
1000-001-46010	May 31, 2025 Interest			(\$8.81)
				\$4,181.81

COUNTY AUDITOR APPROVAL ONLY APPROVED ON JUN 12 2025 <i>PT</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:  DEPARTMENT HEAD	6/18/2025 DATE
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oIHS
Issued 06/06/25

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 06/01/2025 through 06/01/2025
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
08	Rural Health Clinics	100.00	100.00
14	Mmc - Hospital Outpatient	1,209.00	580.32
	Expenditures	1,309.00	680.32
	Reimb/Adjustments		
	Grand Total	1,309.00	680.32
		Expenses	4,166.67
		Co-Pays	< 10.00 > ✓
			4,836.99

Gen J
6/6/25

RECEIVED
6/11/2025

oIHS
Issued 06/06/25

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 02/01/2025 through 06/01/2025
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	70.00	33.95
08	Rural Health Clinics	100.00	100.00
14	Mmc - Hospital Outpatient	1,545.00	741.13
15	Mmc - Er Bills	427.00	204.96
	Expenditures	<u>2,142.00</u>	<u>1,080.04</u>
	Reimb/Adjustments		
	Grand Total	<u>2,142.00</u>	<u>1,080.04</u>
		Expenses	20,833.35
		Co-pays	< 20.00 >
			<u>21,893.39</u>

Evin Cey
6/6/25

RUN DATE: 06/05/25
TIME: 07:27

MEMORIAL MEDICAL CENTER
RECEIPTS FROM 05/01/25 TO 05/31/25

PAGE 157
RCMREP

G/L NUMBER	RECEIPT PAY DATE	NUMBER	TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	COLL GL CASH INIT CODE ACCOUNT
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50240.000	05/22/25	738454	CA	JOE VILLARREAL	10.00	10.00			00/00/00	PLB 1
TOTAL 50240.000 COUNTY INDIGENT COPAYS					10.00					

**MEMORIAL
MEDICAL CENTER**



So Much... So Close!

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

Date: 6/11/2025

Invoice # 408

For: ~~Apr-25~~

May

Bill To:
Calhoun County

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

Total \$ 4,166.67

Michelle Cumberland

Michelle Cumberland
CFO

APPROVED ON
JUN 12 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED
6/11/2025

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	1	0	0	3	3
May	1	0	0	4	0
June					
July					
August					
September					
October					
November					
December					
YTD	3	5	0	12	9
Monthly Avg	1	1	-	2	2
December 2024 Active		1			
Number of Charity patients					188
Number of Charity patients below <u>50% FPL</u>					79
Number of Charity patients who meet State Indigent Guidelines					66

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	5	19	0	14	\$17,013.10
May	3	9	0	18	\$4,068.66
June					
July					
August					
September					
October					
November					
December					
YTD PATIENT SAVINGS					\$35,572.51
Monthly Avg	3	10	-	11	\$7,114.50
December 2024 Active		35			



PROSPERITY BANK®

Statement Date 5/31/2025

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

12966

STATEMENT SUMMARY

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

05/01/2025	Beginning Balance		\$9,995.82
	2 Deposits/Other Credits	+	\$4,191.09
	2 Checks/Other Debits	-	\$4,502.19
05/31/2025	Ending Balance	31 Days in Statement Period	\$9,684.72
	Total Enclosures		3

DEPOSITS/OTHER CREDITS

Date	Description	Amount
05/29/2025	Deposit	\$4,182.28
05/31/2025	Accr Earning Pymt Added to Account	\$8.81

pot for APR 24 P

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount
12662	05-08	\$4,166.67	12663	05-08	\$335.52

DAILY ENDING BALANCE

Date	Balance	Date	Balance
05-01	\$9,995.82	05-29	\$9,675.91
05-08	\$5,493.63	05-31	\$9,684.72

EARNINGS SUMMARY

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

Interest Paid This Period	\$8.81	Annual Percentage Yield Earned	1.51 %
Interest Paid YTD	\$43.32	Days in Earnings Period	31
		Earnings Balance	\$6,914.99

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