

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ----July 3, 2024

by:CT

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

HEB Pharmacy (Medimpact) Pharmacy Reimbursement	22.63
MMCenter (In-patient \$0/ Out-patient \$60.50 / ER \$0)	60.50

SUBTOTAL		83.13
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		4,166.67
	Subtotal	4,249.80
Co-pays adjustments for May 2024		(10.00)
Reimbursement from Medicaid		0.00

TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	4,239.80
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APPROVED

JUL 03 2024

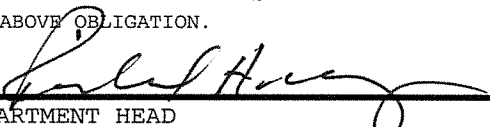
**CALHOUN COUNTY
COMMISSIONERS COURT**

800 00000007/03/2024 01 CALHOUN COUNTY, TEXAS

DATE: 7/3/2024

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 07/03/2024			\$4,239.80
1000-001-46010	May 31, 2024 Interest			(\$10.43)
				\$4,229.37
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 JUL - 1 2024 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS	BY: 		7/3/2024	
	DEPARTMENT HEAD		DATE	

©IHS
Issued 06/14/24

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 06/01/2024 through 06/01/2024
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
02	Prescription Drugs	22.63	22.63
14	Mmc - Hospital Outpatient	128.00	60.50
	Expenditures	171.09	103.59
	Reimb/Adjustments	-20.46	-20.46
	Grand Total	150.63	83.13

Expenses	4,166.67
Co-Pays	< 10.00 >
	<u>4,239.80</u>

Em S
6/18/24

APPROVED ON

JUN 27 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

APPROVED ON

JUL - 1 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS


RECEIVED
6/19/24

•IHS
Issued 06/14/24

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 02/01/2024 through 06/01/2024
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
02	Prescription Drugs	22.63	22.63
14	Mmc - Hospital Outpatient	236.00	121.00
Expenditures		279.09	164.09
Reimb/Adjustments		-20.46	-20.46
Grand Total		258.63	143.63

Expenses	20,833.35
Co-Pays	< 10.00 >
	20,956.98


6/18/24

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	1	6	0	3	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	2	16	2	8	16

Monthly Avg 0 1 0 1 1

December 2023 Active 4

Number of Charity patients 263

Number of Charity patients below 50% FPL 125

Number of Charity patients who meet State Indigent Guidelines 116

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	5	15	0	22	\$13,588.44
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					\$39,928.79

Monthly Avg 2 5 - 6 \$3,327.40

December 2023 Active 36

**MEMORIAL
MEDICAL CENTER**



So Much... So Close!

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

Date: 5/10/2024

Invoice # 396

For: May-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 6/10/2024
Andrew De Los Santos
Controller

APPROVED ON

JUN 27 2024

[Signature]
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE: 06/13/24
TIME: 10:43

MEMORIAL MEDICAL CENTER
RECEIPTS FROM 05/01/24 TO 05/31/24

PAGE 126
RCMREP

G/L	RECEIPT PAY	CASH	RECEIPT	DISC	COLL GL CASH							
NUMBER	DATE	NUMBER	TYPE	PAYER	AMOUNT	AMOUNT	NUMBER	NAME	DATE	INIT	CODE	ACCOUNT

50240.000	05/13/24	699153	VI		10.00	10.00			00/00/00	A		2
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TOTAL 50240.000 COUNTY INDIGENT COPAYS 10.00

RECEIVED
6/19/24



PROSPERITY BANK®

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

Statement Date 5/31/2024
Account No ****4551
Page 1 of 2

13215

STATEMENT SUMMARY

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

05/01/2024	Beginning Balance		\$5,518.05
	3 Deposits/Other Credits	+	\$8,337.61
	2 Checks/Other Debits	-	\$4,196.92
05/31/2024	Ending Balance	31 Days in Statement Period	\$9,658.74
	Total Enclosures		4

DEPOSITS/OTHER CREDITS

Date	Description	Amount
05/06/2024	Deposit	\$4,185.75 4/24 PD
05/30/2024	Deposit	\$4,141.43 5/24 PD
05/31/2024	Accr Earning Pymt Added to Account	\$10.43

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount
12634	05-24	\$4,166.67	12635	05-24	\$30.25

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
05-01	\$5,518.05	05-24	\$5,506.88	05-31	\$9,658.74
05-06	\$9,703.80	05-30	\$9,648.31		

EARNINGS SUMMARY

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

Interest Paid This Period	\$10.43	Annual Percentage Yield Earned	1.51 %
Interest Paid YTD	\$56.44	Days in Earnings Period	31
		Earnings Balance	\$8,212.79

MEMBER FDIC



NYSE Symbol "PB"

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