

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ----July 16, 2025

by:CT

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

MMCenter (In-patient \$0/ Out-patient \$365.28/ER \$0)	365.28
Radiology Unlimited PA	
Singleton Associates, PA	

SUBTOTAL		365.28
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		4,166.67
	Subtotal	4,531.95
Co-pays adjustments for June 2025		(10.00)
Reimbursement from Medicaid		0.00

TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	4,521.95
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APPROVED

JUL 16 2025

**CALHOUN COUNTY
COMMISSIONERS COURT**

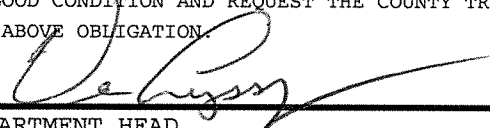
800 00000007/16/2025 01 CALHOUN COUNTY, TEXAS

DATE: 7/16/2025

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			\$4,521.95
	approved by Commissioners Court on 07/16/2025			
1000-001-46010	June 30, 2025 Interest			(\$10.91)
				\$4,511.04

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 11 2025 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS	BY:  7/16/2025 DEPARTMENT HEAD DATE

©IHS
Issued 07/09/25

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 07/01/2025 through 07/01/2025
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
14	Mmc - Hospital Outpatient	761.00	365.28 ✓
	Expenditures	761.00	365.28
	Reimb/Adjustments		
	Grand Total	761.00	365.28
	Expenses		4,166.67
	Co-Pays		< 10.00 >
			4,521.95

Erin Coz
7/10/25

**MEMORIAL
MEDICAL CENTER**



So Much... So Close!

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

Date: 7/11/2025

Invoice # 409

For: Jun-25

Bill To:

Calhoun County

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

Michelle Cumberland

Michelle Cumberland
CFO

APPROVED ON

JUL 15 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE: 07/10/25
TIME: 09:15

MEMORIAL MEDICAL CENTER
RECEIPTS FROM 06/01/25 TO 06/30/25

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RCXREP

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

50240.000	06/27/25	744257 CA	GARCIA JENNIFER	10.00	10.00	00/00/00	PLS	1
TOTAL 50240.000 COUNTY INDIGENT COPAYS				10.00				

Issued 07/09/25

Source Totals Report
 Calhoun Indigent Health Care
 Batch Dates 02/01/2025 through 07/01/2025
 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	2,306.00	1,106.41
15	Mmc - Er Bills	427.00	204.96
Expenditures		<u>2,903.00</u>	<u>1,445.32</u>
Reimb/Adjustments			
Grand Total		<u>2,903.00</u>	<u>1,445.32</u>

Expenses	25,000.02
Co-Pays	< 30.00 >
	<u>26,415.34</u>

Elin Cleary
 7/10/25

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	0	0	0	4	3
July					
August					
September					
October					
November					
December					
YTD	3	5			
Monthly Avg	1	1	-	3	2
December 2024 Active		1			
Number of Charity patients					179
Number of Charity patients below <u>50% FPL</u>					71
Number of Charity patients who meet State Indigent Guidelines					58



PROSPERITY BANK®

Statement Date 6/30/2025
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

12878

Funds Availability Changes effective June 1, 2025: The amount we make available for checks not subject to next-day availability is increasing from \$225 to \$275. In addition, the amount available for withdrawal on exception holds for new accounts, large deposits, and repeatedly overdrawn accounts is increasing from \$5,525 to \$6,725.

STATEMENT SUMMARY			Public Fund Contractual Ckg w Int Account No ****4551	
06/01/2025	Beginning Balance			\$9,684.72
	2 Deposits/Other Credits		+	\$30.91
	2 Checks/Other Debits		-	\$4,200.62
06/30/2025	Ending Balance	30	Days in Statement Period	\$5,515.01
	Total Enclosures			3

DEPOSITS/OTHER CREDITS		
Date	Description	Amount
06/20/2025	Deposit	\$20.00
06/30/2025	Accr Earning Pymt Added to Account	\$10.91

CHECKS		
Check Number	Date	Amount
12664	06-25	\$4,166.67
Check Number	Date	Amount
12665	06-25	\$33.95

DAILY ENDING BALANCE			
Date	Balance	Date	Balance
06-01	\$9,684.72	06-25	\$5,504.10
06-20	\$9,704.72	06-30	\$5,515.01

EARNINGS SUMMARY			
** Below is an itemization of the Earnings paid this period. **			
Interest Paid This Period	\$10.91	Annual Percentage Yield Earned	1.51 %
Interest Paid YTD	\$54.23	Days in Earnings Period	30
		Earnings Balance	\$8,851.93

