

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ----July 17, 2024

by:CT

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

HEB Pharmacy (Medimpact) Pharmacy Reimbursement	9.97
MMCenter (In-patient \$0/ Out-patient \$60.50 / ER \$0)	440.01
Memorial Medical Clinic	240.00

SUBTOTAL		689.98
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		4,166.67
	Subtotal	4,856.65
Co-pays adjustments for June 2024		(10.00)
Reimbursement from Medicaid		0.00

TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	4,846.65
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APPROVED

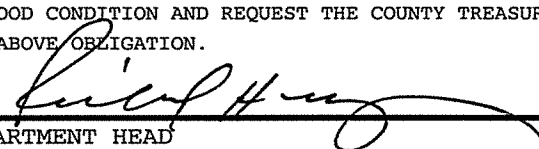
JUL 17 2024

**CALHOUN COUNTY
COMMISSIONERS COURT**

800 00000007/17/2024 01	CALHOUN COUNTY, TEXAS
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DATE: 7/3/2024	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			\$4,846.65
	approved by Commissioners Court on 07/17/2024			
1000-001-46010	June 30, 2024 Interest			(\$11.88)
				\$4,834.77

COUNTY AUDITOR APPROVAL ONLY	<p>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.</p> <p>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.</p>
<p>APPROVED ON</p> <p>JUL 17 2024</p> <p>BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS</p>	<p>BY: </p> <p>7/17/2024</p>
	<p>DEPARTMENT HEAD</p> <p>DATE</p>

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 07/01/2024 through 07/01/2024
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
02	Prescription Drugs	9.97	9.97
08	Rural Health Clinics	240.00	240.00
14	Mmc - Hospital Outpatient	852.00	440.01
Expenditures		1,106.39	694.40
Reimb/Adjustments		-4.42	-4.42
Grand Total		1,101.97	689.98
		Expenses	4,166.67
		CoPays	<10.00>
			4,846.65


Erin Campbell
7/10/2024

APPROVED ON
JUL 11 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

©IHS
Issued 07/09/24

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 02/01/2024 through 07/01/2024
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
02	Prescription Drugs	32.60	32.60
08	Rural Health Clinics	240.00	240.00
13	Mmc - Inpatient Hospital	788.00	551.60
14	Mmc - Hospital Outpatient	300.00	151.25
Expenditures		1,385.48	1,000.33
Reimb/Adjustments		-24.88	-24.88
Grand Total		1,360.60	975.45
		Expenses	25,000.02
		Co Pays	< 20.00 >
			<u>25,799.98</u>


7/10/2024

MEMORIAL MEDICAL CENTER

So Much... So Close!

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

Date: 7/11/2024
Invoice # 397
For: Jun-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

APPROVED ON
JUL 15 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Active Client List
Calhoun Indigent Health Care
Active within 06/01/24-06/30/24
Program Indigent

Client #	Name	Prior	DOB	Begin Date	End Date	Prog	Status	Catego
006498	Hernandez, Reymundo		11/04/64	05/07/24	11/30/24 ✓	I		
005687	Hernandez, Vincente		05/18/68	04/24/24	11/01/24 ✓	I		
006833	Portilla, Rudolpho J	P	05/29/91	12/01/23	06/30/24 ✓	I		

3 total records
3 unduplicated records

APPROVED ON

JUL 11 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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	1	0	3	2
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	17	2	11	18

Monthly Avg 0 1 0 1 2

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	1	3	0	26	\$3,567.00
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					\$43,495.79

Monthly Avg 2 5 - 9 \$3,624.65

December 2023 Active 36

RUN DATE: 07/09/24
TIME: 10:19

MEMORIAL MEDICAL CENTER
RECEIPTS FROM 06/01/24 TO 06/30/24

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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	06/10/24	701641	CA		10.00	10.00			00/00/00	PLB		2
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TOTAL 50240.000 COUNTY INDIGENT COPAYS					10.00							
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PROSPERITY BANK®

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

Statement Date 6/30/2024
Account No ****4551
Page 1 of 1

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STATEMENT SUMMARY

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

06/01/2024	Beginning Balance			\$9,658.74
	1 Deposits/Other Credits	+		\$11.88
	0 Checks/Other Debits	-		\$0.00
06/30/2024	Ending Balance	30	Days in Statement Period	\$9,670.62

DEPOSITS/OTHER CREDITS

Date	Description	Amount
06/30/2024	Accr Earning Pymt Added to Account	\$11.88

DAILY ENDING BALANCE

Date	Balance	Date	Balance
06-01	\$9,658.74	06-30	\$9,670.62

EARNINGS SUMMARY

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

Interest Paid This Period	\$11.88	Annual Percentage Yield Earned	1.51 %
Interest Paid YTD	\$68.32	Days in Earnings Period	30
		Earnings Balance	\$9,658.74

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MEMBER FDIC



NYSE Symbol "PB"