MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- August 19, 2026

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

HEB Pharmacy (Medimpact) Pharmacy Reimbursement		$12.51
SUBTOTAL		**$12.51**
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		**$4,166.67**
	Subtotal	$4,179.18
Co-pays adjustments for July 2026		**0.00**
Reimbursement from Medicaid		**0.00**
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES		**4,179.18**

APPROVED

AUG 19 2026

CALHOUN COUNTY
COMMISSIONERS COURT

300 000000008/11/2026 0 CALHOUN COUNTY, TEXAS

DATE: 8/11/2026

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			$4,179.18
	approved by Commissioners Court on 08/19/2026			
1000-001-46010	July 31, 2026 Interest			($8.23)
				$4,170.95

COUNTY AUDITOR APPROVAL ONLY

APPROVED ON

AUG 11 2026

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: Vera Lyon 8-11-2026

DEPARTMENT HEAD DATE

©IHS
Issued 08/10/26

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 08/01/2026 through 08/01/2026
For Vendor: All Vendors

Source	Description		Amount Billed	Amount Paid
02	Prescription Drugs		12.51	12.51
		Expenditures Reimb/Adjustments	12.51	12.51
		Grand Total	**12.51**	**12.51**

Expenses	4,166.67
Co Pays	< 0.00 >
✓	4,179.18

MSL
8/10/26

APPROVED ON
AUG 11 2026
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

©IHS
Issued 08/10/26

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 02/01/2026 through 08/01/2026
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	14,035.00	1,589.78
01-2	Physician Services- Anesthesia	805.00	143.00
02	Prescription Drugs	123.80	123.80
04	Hospital Out-Patient	38.49	2.69
08	Rural Health Clinics	800.00	800.00
13	Mmc - Inpatient Hospital	23,557.01	15,248.13
14	Mmc - Hospital Outpatient	22,594.00	12,829.64
15	Mmc - Er Bills	14,628.00	8,337.96
	Expenditures	76,583.38	39,077.08
	Reimb/Adjustments	-2.08	-2.08
	Grand Total	**76,581.30**	**39,075.00**
	Expenses		29,166.69
	Co Pays		< 70.00 >
			68,171.69

MSL
8/10/26

MEMORIAL MEDICAL CENTER

So Much...So Close!

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

Date: 8/6/2026
Invoice # 423
For: Jul-26

Bill To:
Calhoun County

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

Total $ 4,166.67

Caitlin Clevenger, Controller

APPROVED ON
AUG 11 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Calhoun County Indigent Care Patient Caseload 2026

	Approved	Denied	Removed	Active	Pending
January	0	0	0	5	4
February	1	0	1	5	4
March	0	4	0	5	3
April	0	2	3	3	3
May	1	1	2	2	2
June	0	1	0	2	2
July	0	1	0	2	3
August					
September					
October					
November					
December					
YTD	2	9			
Monthly Avg	0	1	1	3	3
December 2025 Active		5			

PROSPERITY BANK®

Statement Date 7/31/2026
Account No ****4551

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

63373

STATEMENT SUMMARY — Public Fund Ckg w-Interest Account No ****4551

07/01/2026	Beginning Balance			$26,565.63
	2 Deposits/Other Credits		+	$4,181.86
	8 Checks/Other Debits		-	$25,886.68
07/31/2026	Ending Balance	31 Days in Statement Period		$4,860.81
	Total Enclosures			9

DEPOSITS/OTHER CREDITS

Date	Description	Amount
07/24/2026	Deposit	$4,173.63
07/31/2026	Credit Interest	$8.23

June

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12719	07-14	$195.11	12722	07-02	$120.00	12725	07-30	$4,166.67
12720	07-02	$17,105.76	12723	07-10	$72.17	12726	07-30	$14.56
12721	07-02	$45.74	12724	07-02	$4,166.67			

TOTAL OVERDRAFT FEES

	Total For This Period	Total Year-to-Date
Total Overdraft Fees	$0.00	$0.00
Total Return Item Fees	$0.00	$0.00

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
07-01	$26,565.63	07-14	$4,860.18	07-31	$4,860.81
07-02	$5,127.46	07-24	$9,033.81		
07-10	$5,055.29	07-30	$4,852.58		

EARNINGS SUMMARY

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

Interest Paid This Period	$8.23	Annual Percentage Yield Earned	1.51%
Interest Paid YTD	$76.99	Days in Earnings Period	31

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