

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ----August 20, 2025

by:CT

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

HEB Pharmacy (Medimpact) Pharmacy Reimbursement	14.61
Hospice of South Texas	
Memorial Medical Center OP Clinic	
Memorial Medical Clinic	360.00
MMCenter (In-patient \$0/ Out-patient \$30.25/ER \$0)	30.25
Radiology Unlimited PA	
Singleton Associates, PA	

SUBTOTAL		404.86
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		4,166.67
	Subtotal	4,571.53
Co-pays adjustments for July 2025		(20.00)
Reimbursement from Medicaid		0.00

TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	4,551.53
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APPROVED

AUG 20 2025

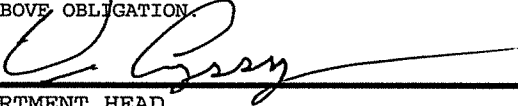
**CALHOUN COUNTY
COMMISSIONERS COURT**

800 00000008/20/2025 01 CALHOUN COUNTY, TEXAS

DATE: 8/20/2025

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 08/20/2025			\$4,551.53
1000-001-46010	July 31, 2025 Interest			(\$9.22)
				\$4,542.31
COUNTY AUDITOR APPROVAL ONLY APPROVED ON AUG 13 2025 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:  8/20/2025			
	DEPARTMENT HEAD	DATE		

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Issued 08/08/25

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 08/01/2025 through 08/01/2025
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
02	Prescription Drugs	14.61	14.61
08	Rural Health Clinics	360.00	360.00
14	Mmc - Hospital Outpatient	30.25	30.25
Expenditures		404.86	404.86
Reimb/Adjustments			
Grand Total		404.86	404.86
		Expenses	4,166.67
		Co-Pays	< 20.00 >
			4,551.53

Quin Ay
8/8/2025

APPROVED ON

AUG 13 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

**MEMORIAL
MEDICAL CENTER**



So Much... So Close!

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

Date: 8/11/2025
Invoice # 410
For: Jul-25

Bill To:
Calhoun County

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

Total \$ 4,166.67

Michelle Cumberland
CFO

APPROVED ON

AUG 14 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE: 08/07/25
TIME: 11:34

MEMORIAL MEDICAL CENTER
RECEIPTS FROM 07/01/25 TO 07/31/25

PAGE 262
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	07/01/25	744544 CA	VILLARREAL JOE	10.00	10.00	00/00/00	PLB	1
50240.000	07/18/25	747700 CA	VILLARREAL JOSE JR	10.00	10.00	00/00/00	PLB	1
TOTAL 50240.000 COUNTY INDIGENT COPAYS				20.00				

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Issued 08/08/25

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 02/01/2025 through 08/01/2025
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	70.00	33.95
02	Prescription Drugs	14.61	14.61
08	Rural Health Clinics	460.00	460.00
14	Mmc - Hospital Outpatient	2,336.25	1,136.66
15	Mmc - Er Bills	427.00	204.96
Expenditures		3,307.86	1,850.18
Reimb/Adjustments			
Grand Total		3,307.86	1,850.18
		Expenses	29,166.69
		Co-Pays	< 50.00 >
			30,966.87

Quin Q
8/8/2025

Active Client List
 Calhoun Indigent Health Care
 Active within 07/01/25-07/31/25
 Program Indigent

Client #	Name	Prior	DOB	Begin Date	End Date	Prog	Status	Catego
006888	Cardenas, Juan Carlo		11/16/64 ⁶¹	07/09/25	01/31/26	I		
006587	Francis, Richard Jac	ins.	08/05/92 ³³	04/21/25	10/31/25	I	COU	
006883	Garcia, Jennifer Mar		08/03/86 ³⁹	02/04/25	08/31/25	I		
006833	Portilla, Rudolpho J		05/29/91 ³⁴	02/14/25	08/31/25	I		
006287	Villarreal Jr, Jose		11/17/65 ⁶⁰	05/01/25	11/30/25	I	DAR	

5 total records

5 unduplicated records

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	1	1	0	5	6
August					
September					
October					
November					
December					
YTD	4	6			
Monthly Avg	1	1	-	3	3
December 2024 Active		1			
Number of Charity patients					166
Number of Charity patients below <u>50% FPL</u>					59
Number of Charity patients who meet State Indigent Guidelines					47



PROSPERITY BANK®

Statement Date 7/31/2025
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

12863

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

07/01/2025	Beginning Balance			\$5,515.01
	3 Deposits/Other Credits	+		\$4,201.03
	3 Checks/Other Debits	-		\$4,846.99
07/31/2025	Ending Balance	31	Days in Statement Period	\$4,869.05
	Total Enclosures			5

DEPOSITS/OTHER CREDITS

Date	Description	Amount
07/03/2025	Deposit	\$4,181.81
07/28/2025	Deposit	\$10.00
07/31/2025	Accr Earning Pymt Added to Account	\$9.22

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12666	07-18	\$4,166.67	12667	07-18	\$580.32	12668	07-18	\$100.00

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
07-01	\$5,515.01	07-18	\$4,849.83	07-31	\$4,869.05
07-03	\$9,696.82	07-28	\$4,859.83		

EARNINGS SUMMARY

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

Interest Paid This Period	\$9.22	Annual Percentage Yield Earned	1.51 %
Interest Paid YTD	\$63.45	Days in Earnings Period	31
		Earnings Balance	\$7,239.35

