

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ----August 21, 2024

by:CT

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

HEB Pharmacy (Medimpact) Pharmacy Reimbursement	9.97
MMCenter (In-patient \$0/ Out-patient \$30.25 / ER \$0)	30.25

SUBTOTAL		40.22
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		4,166.67
	Subtotal	4,206.89
Co-pays adjustments for July 2024		0.00
Reimbursement from Medicaid		0.00

TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	4,206.89
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APPROVED

AUG 21 2024

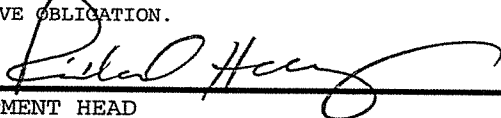
**CALHOUN COUNTY
COMMISSIONERS COURT**

800 00000008/21/2024 01 CALHOUN COUNTY, TEXAS

DATE: 8/21/2024

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 08/21/2024			\$4,206.89
1000-001-46010	July 31, 2024 Interest			(\$10.79)
				\$4,196.10
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 AUG 15 2024 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS	BY:  8/21/2024			
	DEPARTMENT HEAD	DATE		

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Issued 08/12/24

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 08/01/2024 through 08/01/2024
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
02	Prescription Drugs	9.97	9.97
14	Mmc - Hospital Outpatient	64.00	30.25
Expenditures		73.97	40.22
Reimb/Adjustments			
Grand Total		73.97	40.22

Expenses	4166.67
Co Pays	<0.00>
	<u>4,206.89</u>

Eni. Gou
8/12/2024

APPROVED ON

AUG 14 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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Issued 08/12/24

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 02/01/2024 through 08/01/2024
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
02	Prescription Drugs	42.57	28.92
08	Rural Health Clinics	240.00	240.00
14	Mmc - Hospital Outpatient	1,152.00	591.26
Expenditures		1,459.45	885.06
Reimb/Adjustments		-24.88	-24.88
Grand Total		1,434.57	860.18
		Expenses	29,166.69
		Co Pays	< 20.00 >
			30,006.87

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8/12/2024

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	1	1	2	2
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	18	3	13	20

Monthly Avg 0 2 0 1 2

December 2023 Active 4

Number of Charity patients 232

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	2	6	0	28	\$2,872.47
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 \$46,368.26

Monthly Avg 2 6 - 11 \$3,864.02

December 2023 Active 36

Em Cy RD
8/12/2024

MEMORIAL MEDICAL CENTER

So Much... So Close!

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


Date: 8/8/2024
Invoice # 398
For: Jul-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
AUG 15 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS



PROSPERITY BANK®

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

Statement Date 7/31/2024
Account No ****4551
Page 1 of 2

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STATEMENT SUMMARY

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

07/01/2024	Beginning Balance			\$9,670.62
	3 Deposits/Other Credits	+		\$4,250.16
	4 Checks/Other Debits	-		\$8,402.82
07/31/2024	Ending Balance	31	Days in Statement Period	\$5,517.96
	Total Enclosures			6

DEPOSITS/OTHER CREDITS

Date	Description	Amount
07/10/2024	Deposit	\$4,229.37
07/18/2024	Deposit	\$10.00
07/31/2024	Accr Earning Pymt Added to Account	\$10.79

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount
12636	07-10	\$4,166.67	12638	07-23	\$60.50
12637	07-23	\$4,166.67	12639	07-23	\$8.98

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
07-01	\$9,670.62	07-18	\$9,743.32	07-31	\$5,517.96
07-10	\$9,733.32	07-23	\$5,507.17		

EARNINGS SUMMARY

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

Interest Paid This Period	\$10.79	Annual Percentage Yield Earned	1.51 %
Interest Paid YTD	\$79.11	Days in Earnings Period	31
		Earnings Balance	\$8,489.78

MEMBER FDIC



NYSE Symbol "PB"

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