

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ----September 17, 2025

by:CT

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

HEB Pharmacy (Medimpact) Pharmacy Reimbursement	25.36
Memorial Medical Clinic	240.00
MMCenter (In-patient \$0/ Out-patient \$30.25/ER \$0)	3,697.46

SUBTOTAL	3,962.82
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)	4,166.67
	Subtotal 8,129.49
Co-pays adjustments for August 2025	(20.00)
Reimbursement from Medicaid	0.00

TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	8,109.49
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APPROVED

SEP 17 2025

**CALHOUN COUNTY
COMMISSIONERS COURT**

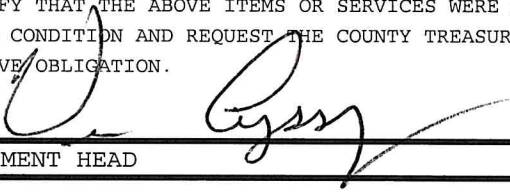
800 00000009/17/2025 01 CALHOUN COUNTY, TEXAS

DATE: 9/17/2025

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 09/17/2025			\$8,109.49
1000-001-46010	August 31, 2025 Interest			(\$4.71)
				\$8,104.78

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 SEP 11 2025 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS	BY:  9/17/2025 DEPARTMENT HEAD DATE

©IHS
Issued 09/10/25

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 09/01/2025 through 09/01/2025
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
02	Prescription Drugs	25.36	25.36
08	Rural Health Clinics	240.00	240.00
14	Mmc - Hospital Outpatient	7,982.51	3,697.46
	Expenditures	8,247.87	3,962.82
	Reimb/Adjustments		
	Grand Total	8,247.87	3,962.82

Expenses	4,166.67
Co-Pays	< 20.00 >
	8,109.49

Euro CJ
9/11/2025

APPROVED ON

SEP 11 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

So Much... So Close!

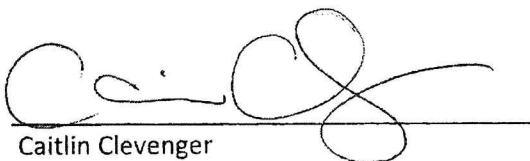
815 N. Virginia St. Port Lavaca, Texas 77979 (361) 552-6713

Date: 9/19/2025
Invoice # 411
For: Aug-25

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
SEP 19 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE: 09/09/25
TIME: 14:01

MEMORIAL MEDICAL CENTER
RECEIPTS FROM 08/01/25 TO 08/31/25

PAGE 239
RCMREP

G/L NUMBER	RECEIPT PAY DATE	NUMBER	TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	COLL GL CASH INIT CODE ACCOUNT
50240.000	08/08/25	751352	CA	VILLARREAL JOSE JR	10.00	10.00			00/00/00	PLB 1
50240.000	08/28/25	754970	CA	JOSE VILLARREAL JR	10.00	10.00			00/00/00	PLB 1
TOTAL 50240.000 COUNTY INDIGENT COPAYS						20.00				

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 02/01/2025 through 09/01/2025
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	70.00	33.95
02	Prescription Drugs	39.97	39.97
08	Rural Health Clinics	700.00	700.00
14	Mmc - Hospital Outpatient	10,318.76	4,834.12
15	Mmc - Er Bills	427.00	204.96
Expenditures		11,555.73	5,813.00
Reimb/Adjustments			
Grand Total		11,555.73	5,813.00

Expenses	33,333.36
Co-Pays	< 70.00 >
	<hr/> 39,076.36

Eric Clavenger
9/11/2025

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	0	5	1	4	1
September					
October					
November					
December					
YTD	4	11			
Monthly Avg	1	1	0	3	2
December 2024 Active		1			
Number of Charity patients					154
Number of Charity patients below <u>50% FPL</u>					31
Number of Charity patients who meet State Indigent Guidelines					13



PROSPERITY BANK®

Statement Date 8/31/2025
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

12777

STATEMENT SUMMARY

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

08/01/2025	Beginning Balance			\$4,869.05
	3 Deposits/Other Credits	+		\$9,078.06
	2 Checks/Other Debits	-		\$4,531.95
08/31/2025	Ending Balance		31 Days in Statement Period	\$9,415.16
	Total Enclosures			4

DEPOSITS/OTHER CREDITS

Date	Description	Amount
08/22/2025	Deposit	\$4,531.04
08/29/2025	Deposit	\$4,542.31
08/31/2025	Accr Earning Pymt Added to Account	\$4.71

Max June
copy 20
PO 7/16/25
PO 8/20/25

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount
12670	08-11	\$4,166.67	12671	08-11	\$365.28

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
08-01	\$4,869.05	08-22	\$4,868.14	08-31	\$9,415.16
08-11	\$337.10	08-29	\$9,410.45		

EARNINGS SUMMARY

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

Interest Paid This Period	\$4.71	Annual Percentage Yield Earned	1.51 %
Interest Paid YTD	\$68.16	Days in Earnings Period	31
		Earnings Balance	\$3,700.22