

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---September 18, 2024

by:CT

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

HEB Pharmacy (Medimpact) Pharmacy Reimbursement	18.45
MMCenter (In-patient \$0/ Out-patient \$3,021.81/ ER \$0)	3,021.81

SUBTOTAL	3,040.26
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)	4,166.67
	<hr/>
	Subtotal 7,206.93
Co-pays adjustments for August 2024	0.00
Reimbursement from Medicaid	0.00

TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	7,206.93
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APPROVED

SEP 18 2024

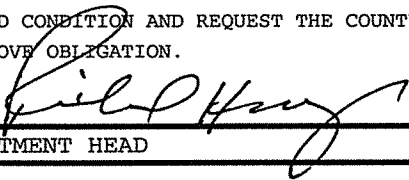
**CALHOUN COUNTY
COMMISSIONERS COURT**

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DATE: 9/18/2024
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 09/18/2024			\$7,206.93
1000-001-46010	August 31, 2024 Interest			(\$9.40)
				\$7,197.53

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>SEP 12 2024</p> <p>BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS</p>	<p>BY: </p> <p>9/18/2024</p>
	<p>DEPARTMENT HEAD</p> <p>DATE</p>

MEMORIAL MEDICAL CENTER

So Much... So Close!

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

Date: 9/6/2024

Invoice # 399

For: Aug-24

Bill To:
Calhoun County

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

Total \$ 4,166.67

 9/6/2024

Andrew De Los Santos
Controller

APPROVED ON

SEP 12 2024


BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

oIHS
Issued 09/09/24

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 09/01/2024 through 09/01/2024
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
02	Prescription Drugs	18.45	18.45
14	Mmc - Hospital Outpatient	5,817.00	3,021.81
Expenditures		5,835.45	3,040.26
Reimb/Adjustments			
Grand Total		5,835.45	3,040.26
		Expenses	4,166.67
		Co Pays	< 0.00 >
			7,206.93

Erin Cleaver
9/10/24

APPROVED ON
SEP 12 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

*IHS
 Issued 09/09/24

Source Totals Report
 Calhoun Indigent Health Care
 Batch Dates 02/01/2024 through 09/01/2024
 For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
02	Prescription Drugs	61.02	47.37
08	Rural Health Clinics	240.00	240.00
14	Mmc - Hospital Outpatient	6,969.00	3,613.07
Expenditures		7,294.90	3,925.32
Reimb/Adjustments		-24.88	-24.88
Grand Total		7,270.02	3,900.44
		Expenses	33,333.36
		Co Pays	< 20.00 >
			37,213.80

Erin Cleverger
 9/10/24

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	3	2
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	16	22

Monthly Avg 0 2 0 1 2

December 2023 Active 4

Number of Charity patients 221

Number of Charity patients below 50% FPL 122

Number of Charity patients who meet State Indigent Guidelines 112

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	1	3	0	29	\$1,706.64
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					\$48,074.90

Monthly Avg 2 6 - 13 \$4,006.24

December 2023 Active 36

Erin
CS
9/10/24



PROSPERITY BANK®

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

Statement Date 8/31/2024
Account No ****4551
Page 1 of 2

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Fraudulent phone calls, text messages, and emails are on the rise.
Visit www.prosperitybankusa.com/fraud-prevention for tips and information on how to protect yourself.

STATEMENT SUMMARY

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

08/01/2024	Beginning Balance			\$5,517.96
	2 Deposits/Other Credits		+	\$4,844.17
	4 Checks/Other Debits		-	\$4,856.65
08/31/2024	Ending Balance	31	Days in Statement Period	\$5,505.48
	Total Enclosures			5

DEPOSITS/OTHER CREDITS

Date	Description	Amount
08/08/2024	Deposit	\$4,834.77
08/31/2024	Accr Earning Pymt Added to Account	\$9.40

June PO
Approved
July

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount
12640	08-20	\$4,166.67	12642	08-20	\$9.97
12641	08-20	\$440.01	12643	08-22	\$240.00

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
08-01	\$5,517.96	08-20	\$5,736.08	08-31	\$5,505.48
08-08	\$10,352.73	08-22	\$5,496.08		

EARNINGS SUMMARY

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

Interest Paid This Period	\$9.40	Annual Percentage Yield Earned	1.51 %
Interest Paid YTD	\$88.51	Days in Earnings Period	31
		Earnings Balance	\$7,396.50

MEMBER FDIC



NYSE Symbol "PB"

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