MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- September 23, 2026

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

HEB Pharmacy (Medimpact) Pharmacy Reimbursement		$24.69
SUBTOTAL		**$24.69**
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		**$4,166.67**
	Subtotal	$4,191.36
Co-pays adjustments for August 2026		**(9.37)**
Reimbursement from Medicaid		**0.00**
Deposit made into Indigent Acct in Error by MMC		**41.00**
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES		**4,222.99**

APPROVED

SEP 23 2026

CALHOUN COUNTY
COMMISSIONERS COURT

300 000000009/14/2026 01 CALHOUN COUNTY, TEXAS

DATE: 9/14/2026

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			$4,181.99
	approved by Commissioners Court on 09/23/2026			
1000-001-46010	August 31, 2026 Interest			($7.40)
				$4,174.59

COUNTY AUDITOR APPROVAL ONLY

APPROVED ON SEP 14 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: [signature] 9-14-2026

DEPARTMENT HEAD DATE

©IHS
Issued 09/10/26

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 09/01/2026 through 09/01/2026
For Vendor: All Vendors

Source	Description		Amount Billed	Amount Paid
02	Prescription Drugs		24.69	24.69
		Expenditures Reimb/Adjustments	24.69	24.69
		Grand Total	**24.69**	**24.69**

Expenses	4,166.67
Co Pays	< 9.37 >
	✓ 4,181.99

9/11/2026

APPROVED ON
SEP 14 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

©IHS
Issued 09/10/26

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 02/01/2026 through 09/01/2026
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	148.49	148.49
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	76,608.07	39,101.77
	Reimb/Adjustments	-2.08	-2.08
	Grand Total	**76,605.99**	**39,099.69**

Expenses	33,333.36
Co Pays	< 79.37>
	72,353.68

9/11/26

MEMORIAL MEDICAL CENTER

So Much...So Close!

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

Date: 9/8/2026
Invoice # 424
For: Aug-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
SEP 14 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

G/L NUMBER	DATE	RECEIPT NUMBER	PAY TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	COLL INIT	GL CODE	CASH ACCOUNT
50240.000	08/06/26	817183	VI	[redacted]	10.00	10.00			00/00/00	KAH		1
50240.000	08/06/26	817184	VI		10.00-	10.00-			00/00/00	KAH		1
50240.000	08/06/26	817185	VI		9.37	9.37			00/00/00	KAH		1
TOTAL 50240.000 COUNTY INDIGENT COPAYS						9.37						

**Patient did not have enough to pay full co-pay. She is to come in to pay remaining balance of 0.63 in order for claim to be processed from 08/06/2026.

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	1	0	1	2	4
September					
October					
November					
December					
YTD	3	9			
Monthly Avg	0	1	1	3	3
December 2025 Active		5			

PROSPERITY BANK®

Statement Date 8/31/2026
Account No ****4551
Page 1 of 2

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

46848

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

08/01/2026	Beginning Balance			$4,860.81
	3 Deposits/Other Credits		+	$4,219.35
	2 Checks/Other Debits		-	$4,179.18
08/31/2026	Ending Balance	31 Days in Statement Period		$4,900.98
	Total Enclosures			4

DEPOSITS/OTHER CREDITS

Date	Description	Amount
08/21/2026	Deposit	$4,170.95 July
08/28/2026	Deposit	$41.00
08/31/2026	Credit Interest	$7.40

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount
12727	08-28	$4,166.67	12728	08-28	$12.51

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
08-01	$4,860.81	08-28	$4,893.58
08-21	$9,031.76	08-31	$4,900.98

EARNINGS SUMMARY

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

Interest Paid This Period	$7.40	Annual Percentage Yield Earned	1.511%
Interest Paid YTD	$84.39	Days in Earnings Period	31

101011 : 04684801