

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ----October 15, 2025

by:CT

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

HEB Pharmacy (Medimpact) Pharmacy Reimbursement	17.66
Memorial Medical Clinic	360.00
MMCenter (In-patient \$0/ Out-patient \$630.01/ER \$0)	630.01

SUBTOTAL	1,007.67
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)	4,166.67
	5,174.34
Subtotal	5,174.34
Co-pays adjustments for September 2025	(50.00)
Reimbursement from Medicaid	0.00

TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	5,124.34
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APPROVED

OCT 15 2025

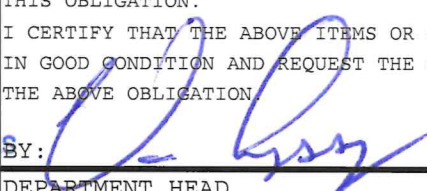
**CALHOUN COUNTY
COMMISSIONERS COURT**

000 0000000010/15/2025 01	CALHOUN COUNTY, TEXAS
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DATE:	10/15/2025
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			\$5,124.34
	approved by Commissioners Court on 10/15/2025			
1000-001-46010	September 30, 2025 Interest			(\$8.71)
				\$5,115.63

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 OCT - 9 2025 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS	BY:  10/15/2025 DEPARTMENT HEAD DATE

Issued 10/07/25

Source Totals Report
 Calhoun Indigent Health Care
 Batch Dates 10/01/2025 through 10/01/2025
 For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
02	Prescription Drugs	17.66	17.66
08	Rural Health Clinics	360.00	360.00
14	Mmc - Hospital Outpatient	1,301.00	630.01
Expenditures		1,678.66	1,007.67
Reimb/Adjustments			
Grand Total		1,678.66	1,007.67
		Expenses	4,166.67
		Co-Pays	< 50.00 >
			5,124.34

Michelle Childers
 10/9/25

APPROVED ON
 OCT - 9 2025
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

RUN DATE: 10/07/25
TIME: 08:15

MEMORIAL MEDICAL CENTER
RECEIPTS FROM 09/01/25 TO 09/30/25

PAGE 230
RCMREP

G/L NUMBER	DATE	RECEIPT PAY NUMBER TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	COLL GL CASH INIT CODE ACCOUNT
50240.000	09/11/25	757119 CA		10.00	10.00			00/00/00	PLB 1
50240.000	09/19/25	758859 VI		10.00	10.00			00/00/00	PLB 1
50240.000	09/22/25	759190 VI		10.00	10.00			00/00/00	PLB 1
50240.000	09/23/25	759168 CA		10.00	10.00			00/00/00	PLB 1
50240.000	09/26/25	760007 CA		10.00	10.00			00/00/00	PLB 1
TOTAL 50240.000 COUNTY INDIGENT COPAYS					50.00				

MEMORIAL MEDICAL CENTER

So Much... So Close!

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

Date: 10/15/2025

Invoice # 411

For: Sep-25

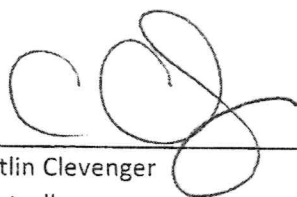
Bill To:

Calhoun County

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



Caitlin Clevenger
Controller

RECEIVED

OCT 15 2025

Calhoun County Auditor

Issued 10/07/25

Source Totals Report
 Calhoun Indigent Health Care
 Batch Dates 02/01/2025 through 10/01/2025
 For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	70.00	33.95
02	Prescription Drugs	57.63	57.63
08	Rural Health Clinics	1,060.00	1,060.00
14	Mmc - Hospital Outpatient	11,619.76	5,464.13
15	Mmc - Er Bills	427.00	204.96
Expenditures		13,234.39	6,820.67
Reimb/Adjustments			
Grand Total		13,234.39	6,820.67
		Expenses	37,500.03
		Co-Pays	< 120.00 >
			44,200.70

Michelle Cleveland
 10/9/25

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	0	0	0	4	4
October					
November					
December					
YTD	4	11			
Monthly Avg	0	1	0	3	3
December 2024 Active		1			



PROSPERITY BANK®

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

Statement Date 9/30/2025
Account No ****4551
Page 1 of 2

12812

STATEMENT SUMMARY

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

09/01/2025	Beginning Balance				\$9,415.16
	1 Deposits/Other Credits		+		\$8.71
	4 Checks/Other Debits		-		\$4,571.53
09/30/2025	Ending Balance	30	Days in Statement Period		\$4,852.34
	Total Enclosures				4

DEPOSITS/OTHER CREDITS

Date	Description	Amount
09/30/2025	Accr Earning Pymt Added to Account	\$8.71

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount
12672	09-11	\$30.25	12674	09-11	\$360.00
12673	09-11	\$14.61	12675	09-16	\$4,166.67

DAILY ENDING BALANCE

Date	Balance	Date	Balance
09-01	\$9,415.16	09-16	\$4,843.63
09-11	\$9,010.30	09-30	\$4,852.34

EARNINGS SUMMARY

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

Interest Paid This Period	\$8.71	Annual Percentage Yield Earned	1.51 %
Interest Paid YTD	\$76.87	Days in Earnings Period	30
		Earnings Balance	\$7,061.92