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**
	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**

APPROVED

OCT 15 2025

CALHOUN COUNTY
COMMISSIONERS COURT

300 000000010/15/2025 0 CALHOUN COUNTY, TEXAS

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

APPROVED ON OCT - 9 2025

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: _____ 10/15/2025

DEPARTMENT HEAD DATE

IHS
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 Cullard
10/9/25

APPROVED ON
OCT - 9 2025
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	09/11/25	757119	CA	[redacted]	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
Funds to cover Indigent program operating expenses.	$ 4,166.67

Total $ 4,166.67

Caitlin Clevenger
Controller

RECEIVED
OCT 15 2025
Calhoun County Auditor

IHS
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 Reimb/Adjustments	13,234.39	6,820.67
	Grand Total	**13,234.39**	**6,820.67**

Expenses	37,500.03
Co-Pays	< 120.00 >
	44,200.70

Michelle Cumbland
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®

Statement Date 9/30/2025
Account No ****4551

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

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

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