MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- October 21, 2026

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

HEB Pharmacy (Medimpact) Pharmacy Reimbursement		$15.48
Memorial Medical Clinic		$160.00
MMCenter (In-patient ~~$15,248.13~~ 0 Out-patient ~~$0~~ 46.73/ER ~~$1,857.63~~ 1,044.87)		$1,111.60
SUBTOTAL		**$1,287.08**
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		**$4,166.67**
	Subtotal	$5,453.75
Co-pays adjustments for September 2026		**(20.00)**
Reimbursement from Medicaid		**0.00**
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES		**5,433.75**

APPROVED

OCT 21 2026

CALHOUN COUNTY
COMMISSIONERS COURT

800 000010/12/2026 02 CALHOUN COUNTY, TEXAS

DATE: 10/12/2026

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			$5,433.75
	approved by Commissioners Court on 10/21/2026			
1000-001-46010	September 30, 2026 Interest			($7.07)
				$5,426.68

COUNTY AUDITOR APPROVAL ONLY

APPROVED ON

OCT 12 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] 10-12-2026

DEPARTMENT HEAD DATE

©IHS
Issued 10/08/26

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 10/01/2026 through 10/01/2026
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
02	Prescription Drugs	15.48	15.48
08	Rural Health Clinics	160.00	160.00
14	Mmc - Hospital Outpatient	94.25	66.73
15	Mmc - Er Bills	1,833.11	1,044.87
	Expenditures	2,102.84	1,287.08
	Reimb/Adjustments		
	Grand Total	**2,102.84**	**1,287.08**

Expenses	4,166.67
Co Pays	< 20.00 >
	5,433.75

10/9/26

APPROVED ON

OCT 09 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

©IHS
Issued 10/08/26

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 02/01/2026 through 10/01/2026
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	163.97	163.97
04	Hospital Out-Patient	38.49	2.69
08	Rural Health Clinics	960.00	960.00
13	Mmc - Inpatient Hospital	23,557.01	15,248.13
14	Mmc - Hospital Outpatient	22,688.25	12,896.37
15	Mmc - Er Bills	16,461.11	9,382.83
	Expenditures	78,710.91	40,388.85
	Reimb/Adjustments	-2.08	-2.08
	Grand Total	**78,708.83**	**40,386.77**

Expenses	37,500.03
Co Pays	< 99.37 >
	77,787.43

10/9/26

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	09/21/26	825858	MC	[redacted]	10.00	10.00			00/00/00	PLB		1
50240.000	09/22/26	825850	MC		10.00	10.00			00/00/00	PLB		1
50240.000	09/22/26	825857	MC		10.00-	10.00-			00/00/00	PLB		1
50240.000	09/25/26	826770	CA		10.00	10.00			00/00/00	PLB		1

TOTAL 50240.000 COUNTY INDIGENT COPAYS 20.00

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	1	1	1	2	5
October					
November					
December					
YTD	4	10			
Monthly Avg	0	1	1	3	3
December 2025 Active		5			

MEMORIAL MEDICAL CENTER

So Much...So Close!

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

Date: 10/6/2026
Invoice # 425
For: Sep-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

OCT 09 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

PROSPERITY BANK®

Statement Date 9/30/2026
Account No ****4551

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

98756

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

09/01/2026	Beginning Balance			$4,900.98
	2 Deposits/Other Credits		+	$4,191.03
	2 Checks/Other Debits		-	$4,191.36
09/30/2026	Ending Balance	30 Days in Statement Period		$4,900.65
	Total Enclosures			3

DEPOSITS/OTHER CREDITS

Date	Description	Amount
09/24/2026	Deposit	$4,183.96
09/30/2026	Credit Interest	$7.07

Aug. 4174. Copays 9.3

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount
12730	09-30	$24.69	12731	09-30	$4,166.67

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	Date	Balance
09-01	$4,900.98	09-24	$9,084.94	09-30	$4,900.65

EARNINGS SUMMARY

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

Interest Paid This Period	$7.07	Annual Percentage Yield Earned	1.51%
Interest Paid YTD	$91.46	Days in Earnings Period	30

101441 : 09875601