

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ----November 20, 2024

by:CT

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

HEB Pharmacy (Medimpact) Pharmacy Reimbursement 12.38

SUBTOTAL		12.38
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		4,166.67
	Subtotal	4,179.05
Co-pays adjustments for September 2024		0.00
Reimbursement from Medicaid		0.00

TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	4,179.05
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APPROVED

NOV 20 2024

**CALHOUN COUNTY
COMMISSIONERS COURT**

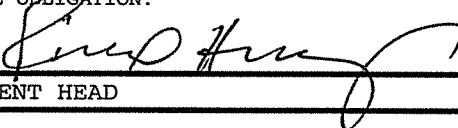
800 00000011/20/2024 01 CALHOUN COUNTY, TEXAS

DATE: 11/20/2024

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 11/20/2024			\$4,179.05
1000-001-46010	October 31, 2024 Interest			(\$11.71)
				\$4,167.34

COUNTY AUDITOR APPROVAL ONLY APPROVED ON NOV 12 2024 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:  11/20/2024 DEPARTMENT HEAD DATE
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MEMORIAL MEDICAL CENTER

So Much... So Close!

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

Date: 11/7/2024

Invoice # 401


For: Oct-24

Bill To:
Calhoun County

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

Total \$ 4,166.67



Andrew De Los Santos
Controller

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

©IHS
Issued 11/08/24

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 11/01/2024 through 11/01/2024
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
02	Prescription Drugs	12.38	12.38
	Expenditures	12.38	12.38
	Reimb/Adjustments		
	Grand Total	12.38	12.38
	Expenses		4,166.67
	Co Pays		< 0.00 >
			4,179.05


11/11/24

APPROVED ON
NOV 12 2024
BY COLBY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

©IHS
Issued 11/08/24

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 02/01/2024 through 11/01/2024
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
02	Prescription Drugs	116.24	102.59
08	Rural Health Clinics	240.00	240.00
14	Mmc - Hospital Outpatient	6,969.00	3,613.07
Expenditures		7,350.12	3,980.54
Reimb/Adjustments		-24.88	-24.88
Grand Total		7,325.24	3,955.66
		Expenses	41,666.70
		Co Pays	< 20.00 >
			45,602.36

Erin G
11/11/24

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	2	0	3	2
October	0	0	1	2	4
November	0	0	0	0	0
December	0	0	0	0	0
YTD	2	20	4	21	28

Monthly Avg 0 2 0 2 2

December 2023 Active 4

Number of Charity patients 225

Number of Charity patients below 50% FPL 115

Number of Charity patients who meet State Indigent Guidelines 102

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	3	0	30	\$5,169.00
October	1	3	0	32	\$936.69
November	0	0	0	0	\$0.00
December	0	0	0	0	\$0.00
YTD PATIENT SAVINGS					\$54,180.59

Monthly Avg 2 6 - 18 \$4,515.05

December 2023 Active 36



PROSPERITY BANK®

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

Statement Date 10/31/2024
Account No ****4551
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STATEMENT SUMMARY

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

10/01/2024	Beginning Balance			\$5,504.21
	2 Deposits/Other Credits	+		\$7,209.24
	3 Checks/Other Debits	-		\$7,206.93
10/31/2024	Ending Balance		31 Days in Statement Period	\$5,506.52
	Total Enclosures			4

DEPOSITS/OTHER CREDITS

Date	Description	Amount
10/02/2024	Deposit	\$7,197.53
10/31/2024	Accr Earning Pymt Added to Account	\$11.71

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12647	10-18	\$4,166.67	12648	10-18	\$18.45	12649	10-18	\$3,021.81

DAILY ENDING BALANCE

Date	Balance	Date	Balance
10-01	\$5,504.21	10-18	\$5,494.81
10-02	\$12,701.74	10-31	\$5,506.52

EARNINGS SUMMARY

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

Interest Paid This Period	\$11.71	Annual Percentage Yield Earned	1.51 %
Interest Paid YTD	\$109.74	Days in Earnings Period	31
		Earnings Balance	\$9,214.82

