

**MEMORIAL MEDICAL CENTER**

**COMMISSIONERS COURT APPROVAL LIST FOR ----December 17, 2025**

by:CT

**INDIGENT HEALTHCARE FUND:**

**INDIGENT EXPENSES**

HEB Pharmacy (Medimpact) Pharmacy Reimbursement	11.65
Hospice of South Texas	
Memorial Medical Center Hospital Campus	240
Memorial Medical Clinic	278.16
MMCenter (In-patient \$0/ Out-patient \$20,113.26/ER \$0)	20,113.26
Radiology Unlimited PA	
Singleton Associates, PA	
Victoria Eye Center	
<b>SUBTOTAL</b>	<b>20,643.07</b>
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)	<b>4,166.67</b>
	Subtotal
	24,809.74
<b>Co-pays adjustments for October 2025</b>	<b>(40.00)</b>
<b>Reimbursement from Medicaid</b>	<b>0.00</b>

**TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES 24,769.74**

**APPROVED**

**DEC 17 2025**

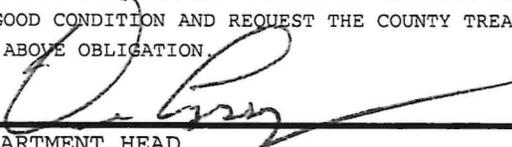
**CALHOUN COUNTY  
COMMISSIONERS COURT**

800 000000012/17/2025 0 CALHOUN COUNTY, TEXAS

DATE: 12/17/2025  
 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 approved by Commissioners Court on 12/17/2025			\$24,769.74
1000-001-46010	November 30, 2025 Interest			(\$9.59)
				\$24,760.15

COUNTY AUDITOR APPROVAL ONLY <b>APPROVED ON</b>  <b>DEC - 9 2025</b>  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:  12/17/2025 DEPARTMENT HEAD DATE
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Issued 12/08/25

**Source Totals Report**  
Calhoun Indigent Health Care  
Batch Dates 12/01/2025 through 12/01/2025  
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
02	Prescription Drugs	11.65	11.65
08	Rural Health Clinics	543.18	518.16
14	Mmc - Hospital Outpatient	41,078.00	20,113.26
	<b>Expenditures</b>	<b>41,632.83</b>	<b>20,643.07</b>
	<b>Reimb/Adjustments</b>		
	<b>Grand Total</b>	<b>41,632.83</b>	<b>20,643.07</b>
		Expenses	4,166.67
		Co Pays	< 40.00 >
			<b>24,769.74</b>

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

*Erin [Signature]*  
12/4/25

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Issued 12/08/25

**Source Totals Report**  
Calhoun Indigent Health Care  
Batch Dates 02/01/2025 through 12/01/2025  
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	902.00	277.17
02	Prescription Drugs	86.94	86.94
08	Rural Health Clinics	1,843.18	1,818.16
14	Mmc - Hospital Outpatient	52,774.76	25,607.64
15	Mmc - Er Bills	4,134.00	2,021.39
	<b>Expenditures</b>	<b>59,740.88</b>	<b>29,811.30</b>
	<b>Reimb/Adjustments</b>		
	<b>Grand Total</b>	<b>59,740.88</b>	<b>29,811.30</b>
		Expenses	45,833.37
		Co-Pays	< 190.00 >
			<b>75,454.67</b>

*Eric S*  
12/11/25

RUN DATE: 12/08/25  
TIME: 17:09

MEMORIAL MEDICAL CENTER  
RECEIPTS FROM 11/01/25 TO 11/30/25

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RCMREP

G/L NUMBER	RECEIPT DATE	PAY NUMBER	TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	COLL INIT	GL CODE	CASH ACCOUNT
50240.000	11/06/25	768020	VI		10.00	10.00			00/00/00	PLB		1
50240.000	11/11/25	768434	CA		10.00	10.00			00/00/00	PLB		1
50240.000	11/18/25	769718	CA		10.00	10.00			00/00/00	PLB		1
50240.000	11/25/25	771493	VI		10.00	10.00			00/00/00	PLB		1
**TOTAL** 50240.000 COUNTY INDIGENT COPAYS						40.00						



# PROSPERITY BANK®

Statement Date 11/30/2025

Account No \*\*\*\*4551

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

12560

### STATEMENT SUMMARY

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

11/01/2025	Beginning Balance		\$4,835.45
	3 Deposits/Other Credits	+	\$5,175.22
	0 Checks/Other Debits	-	\$0.00
11/30/2025	Ending Balance	30 Days in Statement Period	\$10,010.67
	Total Enclosures		2

### DEPOSITS/OTHER CREDITS

Date	Description	Amount
11/06/2025	Deposit	\$50.00 <i>Oct Cop</i>
11/14/2025	Deposit	\$5,115.63 <i>Oct PD</i>
11/30/2025	Accr Earning Pymt Added to Account	\$9.59

### DAILY ENDING BALANCE

Date	Balance	Date	Balance
11-01	\$4,835.45	11-14	\$10,001.08
11-06	\$4,885.45	11-30	\$10,010.67

### EARNINGS SUMMARY

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

Interest Paid This Period	\$9.59	Annual Percentage Yield Earned	1.51 %
Interest Paid YTD	\$94.28	Days in Earnings Period	30
		Earnings Balance	\$7,775.97

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