

**MEMORIAL MEDICAL CENTER**

**COMMISSIONERS COURT APPROVAL LIST FOR ---December 18, 2024**

by:CT

**INDIGENT HEALTHCARE FUND:**

**INDIGENT EXPENSES**

HEB Pharmacy (Medimpact) Pharmacy Reimbursement	4.66
MMCenter (In-patient \$0/ Out-patient \$30.25/ER \$0)	30.25

<b>SUBTOTAL</b>	<b>34.91</b>
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)	<b>4,166.67</b>
Subtotal	4,201.58
Co-pays adjustments for November 2024	0.00
Reimbursement from Medicaid	0.00

<b>TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES</b>	<b>4,201.58</b>
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**APPROVED**

**DEC 18 2024**

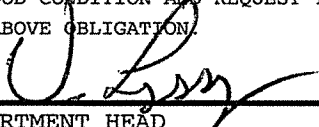
**CALHOUN COUNTY  
COMMISSIONERS COURT**

800 00000012/18/2024 01 CALHOUN COUNTY, TEXAS

DATE: 12/18/2024

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			\$4,201.58
1000-001-46010	November 30, 2024 Interest			(\$8.83)
				\$4,192.75
COUNTY AUDITOR APPROVAL ONLY APPROVED ON DEC 11 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:  12/18/2024 DEPARTMENT HEAD DATE			

# MEMORIAL MEDICAL CENTER

*So Much... So Close!*

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

Date: 12/5/2024

Invoice # 402

For: Nov-24

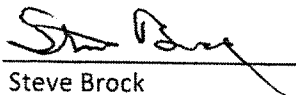
Bill To:  
Calhoun County

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

  
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Steve Brock  
Chief Financial Officer

•IHS  
Issued 12/10/24

**Source Totals Report**  
Calhoun Indigent Health Care  
Batch Dates 12/01/2024 through 12/01/2024  
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
02	Prescription Drugs	4.66	4.66
14	Mmc - Hospital Outpatient	64.00	30.25
Expenditures		68.66	34.91
Reimb/Adjustments			
Grand Total		68.66	34.91


Expenses	4,166.67
Co Pays	< 0.00 >
	<u>4,201.58</u>

Guin 8 12/10/24

oIHS  
Issued 12/10/24

**Source Totals Report**  
Calhoun Indigent Health Care  
Batch Dates 02/01/2024 through 12/01/2024  
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
02	Prescription Drugs	120.90	107.25
08	Rural Health Clinics	240.00	240.00
14	Mmc - Hospital Outpatient	7,033.00	3,643.32
Expenditures		7,418.78	4,015.45
Reimb/Adjustments		-24.88	-24.88
Grand Total		7,393.90	3,990.57
		Expenses	45,833.37
		Co Pays	< 20.00 >
			49,803.94

  
12/10/24

### 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	1	1	1	3
December	0	0	0	0	0
YTD	2	21	5	22	31
Monthly Avg	0	2	0	2	3

December 2023 Active 4


Number of Charity patients 228  
 Number of Charity patients below 50% FPL 115  
 Number of Charity patients who meet State Indigent Guidelines 105

### 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	7	23	0	35	\$14,419.44
December	0	0	0	0	\$0.00
YTD PATIENT SAVINGS					\$68,600.03

Monthly Avg 3 8 - 21 \$5,716.67

December 2023 Active 36

 12/10/24



# PROSPERITY BANK®

Statement Date 11/30/2024  
Account No \*\*\*\*4551  
Page 1 of 2

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

13092

## STATEMENT SUMMARY

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

11/01/2024	Beginning Balance			\$5,506.52
	3 Deposits/Other Credits	+		\$8,376.16
	2 Checks/Other Debits	-		\$4,209.51
11/30/2024	Ending Balance		30 Days in Statement Period	\$9,673.17
	Total Enclosures			4

## DEPOSITS/OTHER CREDITS

Date	Description	Amount
11/14/2024	Deposit	\$4,199.99
11/27/2024	Deposit	\$4,167.34
11/30/2024	Accr Earning Pymt Added to Account	\$8.83

sep P/C  
oct P/C

## CHECKS

Check Number	Date	Amount	Check Number	Date	Amount
12650	11-22	\$4,166.67	12651	11-22	\$42.84

## DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
11-01	\$5,506.52	11-22	\$5,497.00	11-30	\$9,673.17
11-14	\$9,706.51	11-27	\$9,664.34		

## EARNINGS SUMMARY

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

Interest Paid This Period	\$8.83	Annual Percentage Yield Earned	1.51 %
Interest Paid YTD	\$118.57	Days in Earnings Period	30
		Earnings Balance	\$7,179.31

