

**COUNTY INDIGENT HEALTH CARE PROGRAM
 MONTHLY FINANCIAL REPORT**

 County Name ARANSAS

Report for (Month/Year)

08/2014

or

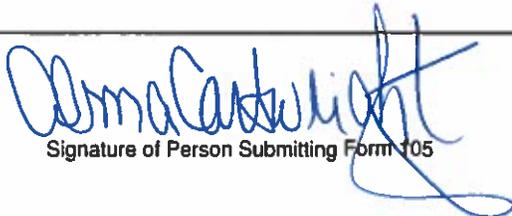
Amendment of the Report for (Month/Year)

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	1.	\$3,464.29	
Prescription Drugs	2.	\$13,673.65	
Hospital, Inpatient Services	3.	\$3,068.21	
Hospital, Outpatient Services	4.	\$15,994.80	
Laboratory/X-Ray Services	5.	\$2,738.59	
Skilled Nursing Facility Services	6.	\$0.00	
Family Planning Services	7.	\$0.00	
Rural Health Clinic Services	8.	\$1,794.30	
State Hospital Contracts	9.	\$0.00	
Optional Health Care Services	10.	\$2,242.87	
Amount of Intergovernmental Transfer	11.	\$0.00	
Total Expenditures (Add #1 through #11.)			12. \$42,976.71
Reimbursements Received (Do not include State Assistance.)	13. (\$424.86)	
6% Eligibility System Review Findings (\$ in error)	14. (\$0.00)	
Total to be Deducted (Add #13 + #14.)			15. (\$424.86)
Applied to State Assistance Eligibility/Reimbursement (#12 minus #15)			16. \$42,551.85

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31)	\$	<u>442,357.07</u>
GRTL	\$	<u>9,419,881.00</u>
	4% of GRTL	<u>376,795.24</u>
	6% of GRTL	<u>565,192.86</u>
	8% of GRTL	<u>753,590.48</u>



Signature of Person Submitting Form 105

08/29/2014

Date