

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

County Name ARANSAS

Report for (Month/Year) 04/2013

or

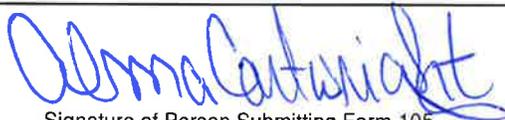
Amendment of the Report for (Month/Year)

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	1.	\$9,745.43	
Prescription Drugs	2.	\$11,090.84	
Hospital, Inpatient Services	3.	\$4,574.59	
Hospital, Outpatient Services	4.	\$16,995.75	
Laboratory/X-Ray Services	5.	\$1,959.99	
Skilled Nursing Facility Services	6.	\$0.00	
Family Planning Services	7.	\$0.00	
Rural Health Clinic Services	8.	\$2,196.69	
State Hospital Contracts	9.	\$0.00	
Optional Health Care Services	10.	\$1,149.79	
Total Expenditures (Add #1 through #10.)			11. \$47,713.08
Reimbursements Received (Do not include State Assistance.)	12. (\$2,428.87)	
6% Eligibility System Review Findings (\$ in error)	13. (\$0.00)	
Total to be Deducted (Add #12 + #13.)			14. (\$2,428.87)
Applied to State Assistance Eligibility/Reimbursement (#11 minus #14)			15. \$45,284.21

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) \$	<u>437,791.39</u>
GRTL \$ <u>7,877,415.00</u>	
6% of GRTL \$	<u>472,644.90</u>
8% of GRTL \$	<u>630,193.20</u>


Signature of Person Submitting Form 105

05/01/2013
Date