

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

 County Name ARANSAS

Report for (Month/Year)

08/2012

or

Amendment of the Report for (Month/Year)

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	1.	\$1,277.53	
Prescription Drugs	2.	\$14,585.10	
Hospital, Inpatient Services	3.	\$0.00	
Hospital, Outpatient Services	4.	\$2,201.64	
Laboratory/X-Ray Services	5.	\$274.21	
Skilled Nursing Facility Services	6.	\$0.00	
Family Planning Services	7.	\$0.00	
Rural Health Clinic Services	8.	\$409.85	
State Hospital Contracts	9.	\$0.00	
Optional Health Care Services	10.	\$524.96	
Total Expenditures (Add #1 through #10.)			11. \$19,273.29
Reimbursements Received (Do not include State Assistance.)	12. (\$4,544.65)	
6% Eligibility System Review Findings (\$ in error)	13. (\$0.00)	
Total to be Deducted (Add #12 + #13.)			14. (\$4,544.65)
Applied to State Assistance Eligibility/Reimbursement (#11 minus #14)			15. \$14,728.64

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) \$	<u>606,892.58</u>
GRTL \$ <u>7,649,419.00</u>	
6% of GRTL \$	<u>458,965.14</u>
8% of GRTL \$	<u>611,953.52</u>


 Signature of Person Submitting Form 105

09/04/2012

Date