

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

 County Name ARANSAS

Report for (Month/Year)

07/2013

or

Amendment of the Report for (Month/Year)

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	1.	\$9,609.18	
Prescription Drugs	2.	\$9,354.81	
Hospital, inpatient Services	3.	\$8,843.05	
Hospital, Outpatient Services	4.	\$13,952.78	
Laboratory/X-Ray Services	5.	\$1,869.73	
Skilled Nursing Facility Services	6.	\$0.00	
Family Planning Services	7.	\$0.00	
Rural Health Clinic Services	8.	\$1,543.62	
State Hospital Contracts	9.	\$0.00	
Optional Health Care Services	10.	\$1,654.52	
Total Expenditures (Add #1 through #10.)			11. \$46,827.69
Reimbursements Received (Do not include State Assistance.)	12. (\$4,457.50)	
6% Eligibility System Review Findings (\$ in error)	13. (\$0.00)	
Total to be Deducted (Add #12 + #13.)			14. (\$4,457.50)
Applied to State Assistance Eligibility/Reimbursement (#11 minus #14)			15. \$42,370.19

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) \$	<u>537,301.12</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

08/01/2013

Date