

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

 County Name ARANSAS

 Report for (Month/Year) 03/2013

or

Amendment of the Report for (Month/Year)

**I. REIMBURSABLE EXPENDITURES during This Report Month**

Physician Services	1.	\$14,362.98	
Prescription Drugs	2.	\$14,786.05	
Hospital, Inpatient Services	3.	\$2,519.91	
Hospital, Outpatient Services	4.	\$16,490.39	
Laboratory/X-Ray Services	5.	\$3,850.91	
Skilled Nursing Facility Services	6.	\$0.00	
Family Planning Services	7.	\$0.00	
Rural Health Clinic Services	8.	\$1,617.99	
State Hospital Contracts	9.	\$0.00	
Optional Health Care Services	10.	\$2,513.81	
<b>Total Expenditures</b> (Add #1 through #10.)			<b>11. \$56,142.04</b>
<b>Reimbursements Received</b> (Do not include State Assistance.)	<b>12. (</b>	<b>\$4,191.36 )</b>	
<b>6% Eligibility System Review Findings</b> (\$ in error)	<b>13. (</b>	<b>\$0.00 )</b>	
<b>Total to be Deducted</b> (Add #12 + #13.)			<b>14. ( \$4,191.36 )</b>
<b>Applied to State Assistance Eligibility/Reimbursement</b> (#11 minus #14)			<b>15. \$51,950.68</b>

**II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement**

<b>TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) \$</b>	<b><u>392,507.18</u></b>
<b>GRTL \$ <u>7,877,415.00</u></b>	
<b>6% of GRTL \$</b>	<b><u>472,644.90</u></b>
<b>8% of GRTL \$</b>	<b><u>630,193.20</u></b>

  
 Signature of Person Submitting Form 105

04/01/2013

Date