

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

County Name **ARANSAS**

Report for Month/Year **05/2011**

or

Amendment of the Report for Month/Year _____

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	1.	\$9,628.60		
Prescription Drugs	2.	\$3,899.39		
Hospital, Inpatient Services	3.	\$18,947.05		
Hospital, Outpatient Services	4.	\$2,416.26		
Laboratory/X-Ray Services	5.	\$2,629.54		
Skilled Nursing Facility Services	6.	\$0.00		
Family Planning Services	7.	\$0.00		
Rural Health Clinic Services	8.	\$3,182.98		
State Hospital Contracts	9.	\$0.00		
Optional Health Care Services	10.	\$952.70		
Total Expenditures (Add #1 through #10)			11.	\$41,656.52
Reimbursements Received (Do not include State Assistance.)	12.	(\$4,813.46)		
6% Eligibility System Review Findings (\$ in error)	13.	(\$0.00)		
Total to be deducted (Add #12 + #13)			14.	(\$4,813.46)
Applied to State Assistance Eligibility/Reimbursement (#11 minus #14)			15.	\$36,843.06

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURE TRACKING for Current State Fiscal Year (9/1-8/31)	\$ 361,681.41
GRTL	\$ 8,935,648.00
	6% of GRTL \$ 536,138.88
	8% of GRTL \$ 714,851.84

06/01/2011

Signature of person Submitting Form 105

Date