

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

County Name ARANSAS

Report for (Month/Year) 11/2013

or

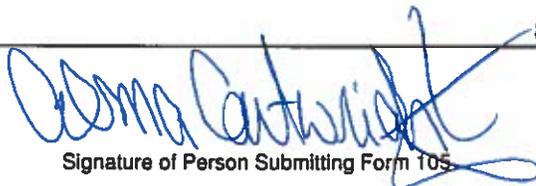
Amendment of the Report for (Month/Year)

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	1.	\$2,472.04	
Prescription Drugs	2.	\$15,784.58	
Hospital, inpatient Services	3.	\$0.00	
Hospital, Outpatient Services	4.	\$6,638.52	
Laboratory/X-Ray Services	5.	\$1,944.27	
Skilled Nursing Facility Services	6.	\$0.00	
Family Planning Services	7.	\$0.00	
Rural Health Clinic Services	8.	\$1,899.84	
State Hospital Contracts	9.	\$0.00	
Optional Health Care Services	10.	\$312.11	
Total Expenditures (Add #1 through #10.)			11. \$29,051.36
Reimbursements Received (Do not include State Assistance.)	12. (\$4,242.39)	
6% Eligibility System Review Findings (\$ in error)	13. (\$0.00)	
Total to be Deducted (Add #12 + #13.)			14. (\$4,242.39)
Applied to State Assistance Eligibility/Reimbursement (#11 minus #14)			15. \$24,808.97

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) \$	<u>95,185.73</u>
GRTL \$ <u>9,419,881.00</u>	
6% of GRTL \$	<u>565,192.86</u>
8% of GRTL \$	<u>753,590.48</u>


Signature of Person Submitting Form 105

12/02/2013
Date