

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

County Name ARANSAS

Report for (Month/Year) 09/2013

or

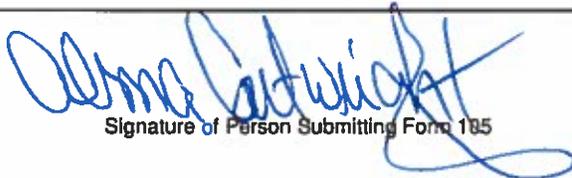
Amendment of the Report for (Month/Year)

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	1.	\$2,525.77	
Prescription Drugs	2.	\$8,037.73	
Hospital, Inpatient Services	3.	\$10,206.62	
Hospital, Outpatient Services	4.	\$3,652.25	
Laboratory/X-Ray Services	5.	\$1,724.35	
Skilled Nursing Facility Services	6.	\$0.00	
Family Planning Services	7.	\$0.00	
Rural Health Clinic Services	8.	\$949.92	
State Hospital Contracts	9.	\$0.00	
Optional Health Care Services	10.	\$6,039.34	
Total Expenditures (Add #1 through #10.)			11. \$33,135.98
Reimbursements Received (Do not include State Assistance.)	12. (\$1,488.66)	
6% Eligibility System Review Findings (\$ in error)	13. (\$0.00)	
Total to be Deducted (Add #12 + #13.)			14. (\$1,488.66)
Applied to State Assistance Eligibility/Reimbursement (#11 minus #14)			15. \$31,647.32

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31)	\$	<u>31,647.32</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

10/01/2013

Date