

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

County Name ARANSAS

Report for (Month/Year) 09/2012

or

Amendment of the Report for (Month/Year)

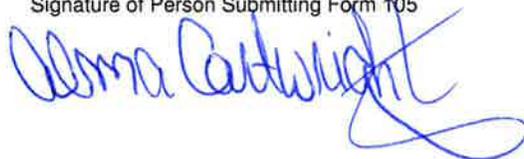
I. REIMBURSABLE EXPENDITURES during This Report Month

| | | | |
|--|------------|-----------------------|---------------------------|
| Physician Services | 1. | \$18,092.78 | |
| Prescription Drugs | 2. | \$15,026.57 | |
| Hospital, Inpatient Services | 3. | \$7,424.64 | |
| Hospital, Outpatient Services | 4. | \$27,541.64 | |
| Laboratory/X-Ray Services | 5. | \$7,020.35 | |
| Skilled Nursing Facility Services | 6. | \$0.00 | |
| Family Planning Services | 7. | \$0.00 | |
| Rural Health Clinic Services | 8. | \$3,747.20 | |
| State Hospital Contracts | 9. | \$0.00 | |
| Optional Health Care Services | 10. | \$3,268.54 | |
| Total Expenditures (Add #1 through #10.) | | | 11. \$82,121.72 |
| Reimbursements Received (Do not include State Assistance.) | 12. | (\$7,950.31) | |
| 6% Eligibility System Review Findings (\$ in error) | 13. | (\$0.00) | |
| Total to be Deducted (Add #12 + #13.) | | | 14. (\$7,950.31) |
| Applied to State Assistance Eligibility/Reimbursement (#11 minus #14) | 15. | | \$74,171.41 |

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

| | |
|---|-------------------|
| TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) \$ | <u>74,171.41</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



10/01/2012

Date