

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

County Name ARANSAS

Report for (Month/Year) 12/2015

or

Amendment of the Report for (Month/Year)

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

Physician Services	1.	\$4,019.74	
Prescription Drugs	2.	\$4,884.32	
Hospital, Inpatient Services	3.	\$11,653.50	
Hospital, Outpatient Services	4.	\$3,741.84	
Laboratory/X-Ray Services	5.	\$3,169.39	
Skilled Nursing Facility Services	6.	\$0.00	
Family Planning Services	7.	\$0.00	
Rural Health Clinic Services	8.	\$1,628.64	
State Hospital Contracts	9.	\$0.00	
Optional Health Care Services	10.	\$3,069.18	
Amount of Intergovernmental Transfer	11.	\$0.00	
<b>Total Expenditures</b> (Add #1 through #11.)			12. \$32,166.61
Reimbursements Received (Do not include State Assistance.)	13. (	\$603.72 )	
6% Eligibility System Review Findings (\$ in error)	14. (	\$0.00 )	
<b>Total to be Deducted</b> (Add #13 + #14.)			15. ( \$603.72 )
<b>Applied to State Assistance Eligibility/Reimbursement</b> (#12 minus #15)			16. \$31,562.89

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

<b>TOTAL EXPENDITURES</b> for Current State Fiscal Year (9/1 - 8/31) \$	<u>75,120.14</u>
GRTL \$ <u>10,286,330.00</u>	
4% of GRTL \$	<u>411,453.20</u>
6% of GRTL \$	<u>617,179.80</u>
8% of GRTL \$	<u>822,906.40</u>

  
Signature of Person Submitting Form 105

12/31/2015  
Date