

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

County Name ARANSAS

Report for (Month/Year) 09/2015

or

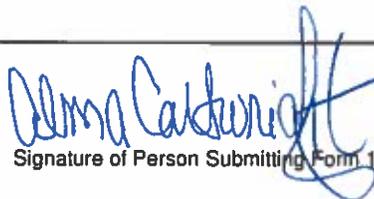
Amendment of the Report for (Month/Year)

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	1.	\$1,133.22	
Prescription Drugs	2.	\$6,993.81	
Hospital, Inpatient Services	3.	\$0.00	
Hospital, Outpatient Services	4.	\$5,127.89	
Laboratory/X-Ray Services	5.	\$1,942.08	
Skilled Nursing Facility Services	6.	\$0.00	
Family Planning Services	7.	\$0.00	
Rural Health Clinic Services	8.	\$1,688.96	
State Hospital Contracts	9.	\$0.00	
Optional Health Care Services	10.	\$1,175.73	
Amount of Intergovernmental Transfer	11.	\$0.00	
Total Expenditures (Add #1 through #11.)			12. \$18,061.69
Reimbursements Received (Do not include State Assistance.)	13. (\$3,848.20)	
6% Eligibility System Review Findings (\$ in error)	14. (\$0.00)	
Total to be Deducted (Add #13 + #14.)			15. (\$3,848.20)
Applied to State Assistance Eligibility/Reimbursement (#12 minus #15)			16. \$14,213.49

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) \$	<u>14,213.49</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

09/30/2015
Date