

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

 County Name ARANSAS

Report for (Month/Year)

03/2016

or

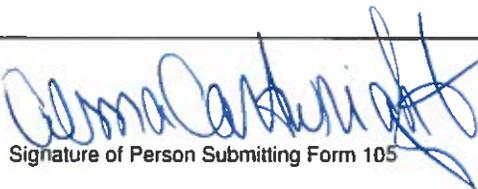
Amendment of the Report for (Month/Year)

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	1.	\$3,327.13	
Prescription Drugs	2.	\$10,427.87	
Hospital, Inpatient Services	3.	\$15,264.50	
Hospital, Outpatient Services	4.	\$14,221.33	
Laboratory/X-Ray Services	5.	\$1,703.00	
Skilled Nursing Facility Services	6.	\$0.00	
Family Planning Services	7.	\$0.00	
Rural Health Clinic Services	8.	\$1,402.54	
State Hospital Contracts	9.	\$0.00	
Optional Health Care Services	10.	\$2,254.38	
Amount of Intergovernmental Transfer	11.	\$0.00	
Total Expenditures (Add #1 through #11.)			12. \$48,600.75
Reimbursements Received (Do not include State Assistance.)	13.	(\$7,261.87)	
6% Eligibility System Review Findings (\$ in error)	14.	(\$0.00)	
Total to be Deducted (Add #13 + #14.)			15. (\$7,261.87)
Applied to State Assistance Eligibility/Reimbursement (#12 minus #15)			16. \$41,338.88

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31)	\$	<u>165,439.03</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

04/01/2016

Date