

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

 County Name ARANSAS

 Report for (Month/Year) 10/2015

or

Amendment of the Report for (Month/Year)

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	1.	\$1,936.32	
Prescription Drugs	2.	\$5,006.60	
Hospital, Inpatient Services	3.	\$0.00	
Hospital, Outpatient Services	4.	\$8,409.19	
Laboratory/X-Ray Services	5.	\$1,780.83	
Skilled Nursing Facility Services	6.	\$0.00	
Family Planning Services	7.	\$0.00	
Rural Health Clinic Services	8.	\$663.52	
State Hospital Contracts	9.	\$0.00	
Optional Health Care Services	10.	\$2,104.70	
Amount of Intergovernmental Transfer	11.	\$0.00	
Total Expenditures (Add #1 through #11.)			12. \$19,901.16
Reimbursements Received (Do not include State Assistance.)	13. (\$2,122.07)	
6% Eligibility System Review Findings (\$ in error)	14. (\$0.00)	
Total to be Deducted (Add #13 + #14.)			15. (\$2,122.07)
Applied to State Assistance Eligibility/Reimbursement (#12 minus #15)			16. \$17,779.09

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) \$		<u>31,992.58</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

11/02/2015

Date