

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

County Name ABANSAS

Report for (Month/Year) 06/2013

or

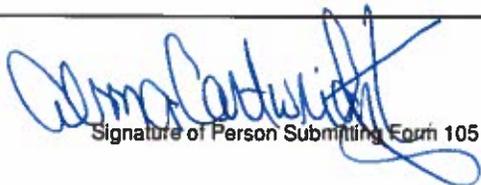
Amendment of the Report for (Month/Year)

i. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	1.	\$6,594.04	
Prescription Drugs	2.	\$7,676.51	
Hospital, inpatient Services	3.	\$30,540.34	
Hospital, Outpatient Services	4.	\$6,193.93	
Laboratory/X-Ray Services	5.	\$2,422.22	
Skilled Nursing Facility Services	6.	\$0.00	
Family Planning Services	7.	\$0.00	
Rural Health Clinic Services	8.	\$1,306.14	
State Hospital Contracts	9.	\$0.00	
Optional Health Care Services	10.	\$1,997.80	
Total Expenditures (Add #1 through #10.)			11. \$56,730.98
Reimbursements Received (Do not include State Assistance.)	12. (\$25,816.20)	
6% Eligibility System Review Findings (\$ in error)	13. (\$0.00)	
Total to be Deducted (Add #12 + #13.)			14. (\$25,816.20)
Applied to State Assistance Eligibility/Reimbursement (#11 minus #14)			15. \$30,914.78

ii. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) \$	<u>494,930.93</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

07/01/2013

Date