

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

County Name ARANSAS

Report for (Month/Year) 03/2015

or

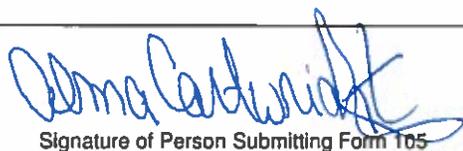
Amendment of the Report for (Month/Year)

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	1.	\$3,201.51	
Prescription Drugs	2.	\$10,240.68	
Hospital, Inpatient Services	3.	\$0.00	
Hospital, Outpatient Services	4.	\$2,565.38	
Laboratory/X-Ray Services	5.	\$2,474.39	
Skilled Nursing Facility Services	6.	\$0.00	
Family Planning Services	7.	\$0.00	
Rural Health Clinic Services	8.	\$2,453.44	
State Hospital Contracts	9.	\$0.00	
Optional Health Care Services	10.	\$2,285.90	
Amount of Intergovernmental Transfer	11.	\$0.00	
Total Expenditures (Add #1 through #11.)			12. \$23,221.30
Reimbursements Received (Do not include State Assistance.)	13.	(\$389.56)	
6% Eligibility System Review Findings (\$ in error)	14.	(\$0.00)	
Total to be Deducted (Add #13 + #14.)			15. (\$389.56)
Applied to State Assistance Eligibility/Reimbursement (#12 minus #15)			16. \$22,831.74

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) \$	<u>306,340.64</u>
GRTL \$ <u>9,570,262.00</u>	
4% of GRTL \$	<u>382,810.48</u>
6% of GRTL \$	<u>574,215.72</u>
8% of GRTL \$	<u>765,620.96</u>


Signature of Person Submitting Form 105

03/31/2015
Date