



COUNTY INDIGENT HEALTH CARE PROGRAM MONTHLY FINANCIAL REPORT

County Name ARANSAS

Report for (Month/Year) 05/2013

or

Amendment of the Report for (Month/Year)

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	1.	\$5,176.63	
Prescription Drugs	2.	\$15,034.58	
Hospital, Inpatient Services	3.	\$2,780.40	
Hospital, Outpatient Services	4.	\$5,178.72	
Laboratory/X-Ray Services	5.	\$2,422.79	
Skilled Nursing Facility Services	6.	\$0.00	
Family Planning Services	7.	\$0.00	
Rural Health Clinic Services	8.	\$1,721.73	
State Hospital Contracts	9.	\$0.00	
Optional Health Care Services	10.	\$3,441.77	
<b>Total Expenditures</b> (Add #1 through #10.)			<b>11. \$35,756.62</b>
<b>Reimbursements Received</b> (Do not include State Assistance.)	12.	( \$9,531.86 )	
<b>6% Eligibility System Review Findings</b> (\$ in error)	13.	( \$0.00 )	
<b>Total to be Deducted</b> (Add #12 + #13.)			<b>14. ( \$9,531.86 )</b>
<b>Applied to State Assistance Eligibility/Reimbursement</b> (#11 minus #14)			<b>15. \$26,224.76</b>

*Difference from Monthly Financial  
↓  
83.24  
Diamond Pharmacy  
Credit*

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) \$	<u>464,016.15</u>
GRTL \$ <u>7,877,415.00</u>	
6% of GRTL \$	<u>472,644.90</u>
8% of GRTL \$	<u>630,193.20</u>

*5.899  
9th Month  
S/B 6%*

*Adama Cartwright*  
Signature of Person Submitting Form 105

06/03/2013

Date