



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

County Name ARANSAS

Report for (Month/Year) 11/2012

or

Amendment of the Report for (Month/Year)

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	1.	\$10,606.10	
Prescription Drugs	2.	\$11,087.34	
Hospital, Inpatient Services	3.	\$3,249.12	
Hospital, Outpatient Services	4.	\$15,951.86	
Laboratory/X-Ray Services	5.	\$3,847.77	
Skilled Nursing Facility Services	6.	\$0.00	
Family Planning Services	7.	\$0.00	
Rural Health Clinic Services	8.	\$2,885.75	
State Hospital Contracts	9.	\$0.00	
Optional Health Care Services	10.	\$2,467.77	
Total Expenditures (Add #1 through #10.)			11. \$50,095.71
Reimbursements Received (Do not include State Assistance.)	12. (\$0.00)	
6% Eligibility System Review Findings (\$ in error)	13. (\$0.00)	
Total to be Deducted (Add #12 + #13.)			14. (\$0.00)
Applied to State Assistance Eligibility/Reimbursement (#11 minus #14)			15. \$50,095.71

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) \$	<u>179,082.00</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

11/30/2012

Date