

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

 County Name ARANSAS

Report for (Month/Year)

11/2014

or

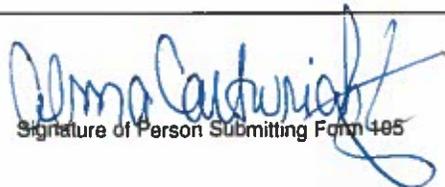
Amendment of the Report for (Month/Year)

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	1.	\$1,864.24	
Prescription Drugs	2.	\$9,305.97	
Hospital, Inpatient Services	3.	\$0.00	
Hospital, Outpatient Services	4.	\$3,356.27	
Laboratory/X-Ray Services	5.	\$4,339.65	
Skilled Nursing Facility Services	6.	\$0.00	
Family Planning Services	7.	\$0.00	
Rural Health Clinic Services	8.	\$1,914.88	
State Hospital Contracts	9.	\$0.00	
Optional Health Care Services	10.	\$3,146.56	
Amount of Intergovernmental Transfer	11.	\$0.00	
Total Expenditures (Add #1 through #11.)			12. \$23,927.57
Reimbursements Received (Do not include State Assistance.)	13. (\$229.34)	
6% Eligibility System Review Findings (\$ in error)	14. (\$0.00)	
Total to be Deducted (Add #13 + #14.)			15. (\$229.34)
Applied to State Assistance Eligibility/Reimbursement (#12 minus #15)			16. \$23,698.23

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31)	\$	<u>111,121.67</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

12/01/2014

Date