

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

County Name ARANSAS

Report for (Month/Year) 10/2013

or

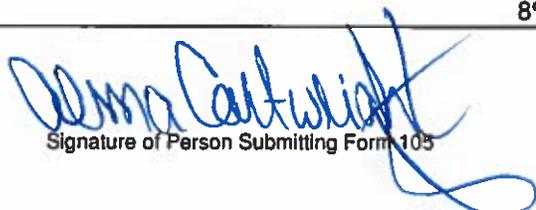
Amendment of the Report for (Month/Year)

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	1.	\$3,380.14	
Prescription Drugs	2.	\$8,515.47	
Hospital, Inpatient Services	3.	\$13,325.82	
Hospital, Outpatient Services	4.	\$6,651.00	
Laboratory/X-Ray Services	5.	\$1,470.63	
Skilled Nursing Facility Services	6.	\$0.00	
Family Planning Services	7.	\$0.00	
Rural Health Clinic Services	8.	\$1,959.21	
State Hospital Contracts	9.	\$0.00	
Optional Health Care Services	10.	\$9,163.10	
Total Expenditures (Add #1 through #10.)			11. \$44,465.37
Reimbursements Received (Do not include State Assistance.)	12.	(\$5,735.93)	
6% Eligibility System Review Findings (\$ in error)	13.	(\$0.00)	
Total to be Deducted (Add #12 + #13.)			14. (\$5,735.93)
Applied to State Assistance Eligibility/Reimbursement (#11 minus #14)			15. \$38,729.44

ii. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) \$	<u>70,376.76</u>
GRTL \$ <u>9,419,881.00</u>	
6% of GRTL \$	<u>565,192.86</u>
8% of GRTL \$	<u>753,590.48</u>


Signature of Person Submitting Form 105

11/01/2013

Date