

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

County Name **ARANSAS**

Report for Month/Year 07/2011

OR

Amendment of the Report for Month/Year _____

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	1.	\$5,524.42		
Prescription Drugs	2.	\$10,383.66		
Hospital, Inpatient Services	3.	\$22,605.03		
Hospital, Outpatient Services	4.	\$12,069.05		
Laboratory/X-Ray Services	5.	\$4,357.40		
Skilled Nursing Facility Services	6.	\$0.00		
Family Planning Services	7.	\$0.00		
Rural Health Clinic Services	8.	\$2,517.65		
State Hospital Contracts	9.	\$0.00		
Optional Health Care Services	10.	\$3,457.13		
Total Expenditures (Add #1 through #10)			11.	\$60,914.34
Reimbursements Received (Do not include State Assistance.)	12.	(\$972.63)		
6% Eligibility System Review Findings (\$ in error)	13.	(\$0.00)		
Total to be deducted (Add #12 + #13)			14.	(\$972.63)
Applied to State Assistance Eligibility/Reimbursement (#11 minus #14)			15.	\$59,941.71

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURE TRACKING for Current State Fiscal Year (9/1-8/31)	\$ 484,233.27
GRTL	\$ 8,935,648.00
6% of GRTL	\$ 536,138.88
8% of GRTL	\$ 714,851.84



Signature of person Submitting Form 105

08/02/2011

Date