

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

 County Name ARANSAS

Report for (Month/Year)

06/2015

or

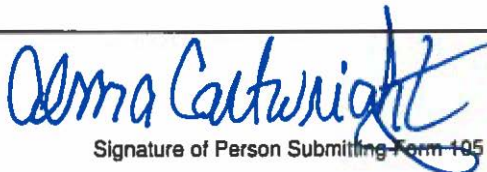
Amendment of the Report for (Month/Year)

**I. REIMBURSABLE EXPENDITURES during This Report Month**

Physician Services	1.	\$1,854.44	
Prescription Drugs	2.	\$6,020.36	
Hospital, Inpatient Services	3.	\$17,974.95	
Hospital, Outpatient Services	4.	\$1,755.52	
Laboratory/X-Ray Services	5.	\$1,088.30	
Skilled Nursing Facility Services	6.	\$0.00	
Family Planning Services	7.	\$0.00	
Rural Health Clinic Services	8.	\$1,688.96	
State Hospital Contracts	9.	\$0.00	
Optional Health Care Services	10.	\$5,003.31	
Amount of Intergovernmental Transfer	11.	\$0.00	
<b>Total Expenditures</b> (Add #1 through #11.)			<b>12. \$35,385.84</b>
<b>Reimbursements Received</b> (Do not include State Assistance.)	13. (	\$1,595.32 )	
<b>6% Eligibility System Review Findings</b> (\$ in error)	14. (	\$0.00 )	
<b>Total to be Deducted</b> (Add #13 + #14.)			<b>15. ( \$1,595.32 )</b>
<b>Applied to State Assistance Eligibility/Reimbursement</b> (#12 minus #15)			<b>16. \$33,790.52</b>

**II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement**

<b>TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31)</b> \$	<u>425,296.12</u>
<b>GRTL \$</b> <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

07/01/2015

Date