

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

 County Name ARANSAS

Report for (Month/Year)

05/2015

or

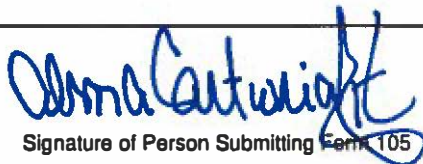
Amendment of the Report for (Month/Year)

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	1.	\$2,466.27	
Prescription Drugs	2.	\$8,285.92	
Hospital, Inpatient Services	3.	\$9,042.71	
Hospital, Outpatient Services	4.	\$7,005.09	
Laboratory/X-Ray Services	5.	\$691.27	
Skilled Nursing Facility Services	6.	\$0.00	
Family Planning Services	7.	\$0.00	
Rural Health Clinic Services	8.	\$1,735.36	
State Hospital Contracts	9.	\$0.00	
Optional Health Care Services	10.	\$6,240.26	
Amount of Intergovernmental Transfer	11.	\$0.00	
Total Expenditures (Add #1 through #11.)			12. \$35,466.88
Reimbursements Received (Do not include State Assistance.)	13. (\$415.08)	
6% Eligibility System Review Findings (\$ in error)	14. (\$0.00)	
Total to be Deducted (Add #13 + #14.)			15. (\$415.08)
Applied to State Assistance Eligibility/Reimbursement (#12 minus #15)			16. \$35,051.80

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31)	\$	<u>391,505.60</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

06/01/2015

Date