

## COUNTY INDIGENT HEALTH CARE PROGRAM MONTHLY FINANCIAL REPORT

County NameAra	nsas	Repo	rt for (Month/Yea	ır) _	July,	2010	)
	Amendment of the	Repo	or rt for (Month/Yea	r)			
		71.000		"' _			
I. REIMBURSABLE EXPENDITURES during This Report Month							
Physician Services		1.	25,973.61				
Prescription Drugs		2.	15,295.30				
Hospital, Inpatient Services		3.	24,634.05				
Hospital, Outpatient Services		4.	23,026.86				55
Laboratory/X-Ray Services		5.	6,762.79				
Skilled Nursing Facility Services		6.	0.00				
Family Planning Services		7.	0.00				
Rural Health Clinic Services		8.	0.00				
State Hospital Contracts		9.	0.00				
Optional Health Care Services		10.	2,394.65				学
Total Expenditures (A	dd #1 through #10.)			11.	98,08	7.26	
Reimbursements Received (Do not include State Assistance.)		12. (	6,456.87)				1
6% Eligibility System Review Findings (\$ in error)		13. (	)			0	
Total to be Deducted (Add #12 + #13.)				14. (	6,45	6.87	)
Applied to State Assistance Eligibility/Reimbursement (#11 minus #14)					91,63	0.39	

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

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 – 8/31) \$	751,012,13
GRTL \$_7,729,257.00	
6% of GRTL \$	463,755.42
8% of GRTL \$	618,340.56
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Signature of Person Submitting Form 105

Dee Oliver - Indigent Health Care Dir.