

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

 County Name ARANSAS

Report for (Month/Year)

03/2014

or

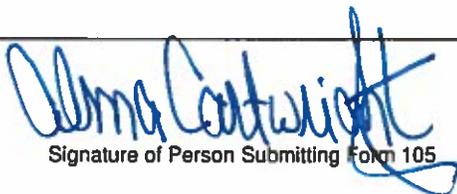
Amendment of the Report for (Month/Year)

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	1.	\$2,149.77	
Prescription Drugs	2.	\$5,478.77	
Hospital, Inpatient Services	3.	\$27,335.79	
Hospital, Outpatient Services	4.	\$7,234.93	
Laboratory/X-Ray Services	5.	\$1,302.23	
Skilled Nursing Facility Services	6.	\$0.00	
Family Planning Services	7.	\$0.00	
Rural Health Clinic Services	8.	\$1,855.04	
State Hospital Contracts	9.	\$0.00	
Optional Health Care Services	10.	\$3,621.85	
Total Expenditures (Add #1 through #10.)			11. \$48,978.38
Reimbursements Received (Do not include State Assistance.)	12. (\$1,058.03)	
6% Eligibility System Review Findings (\$ in error)	13. (\$0.00)	
Total to be Deducted (Add #12 + #13.)			14. (\$1,058.03)
Applied to State Assistance Eligibility/Reimbursement (#11 minus #14)			15. \$47,920.35

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31)	\$	<u>211,595.49</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

04/01/2014

Date