



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

County Name ABANSAS

Report for (Month/Year)

06/2014

or

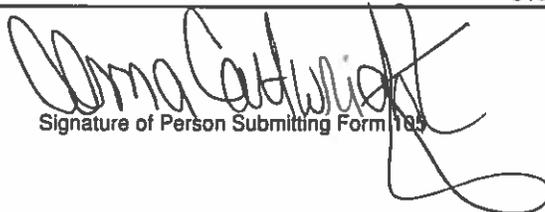
Amendment of the Report for (Month/Year)

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

Physician Services	1.	\$5,526.17	
Prescription Drugs	2.	\$11,712.24	
Hospital, Inpatient Services	3.	\$6,737.45	
Hospital, Outpatient Services	4.	\$9,717.63	
Laboratory/X-Ray Services	5.	\$1,480.17	
Skilled Nursing Facility Services	6.	\$0.00	
Family Planning Services	7.	\$0.00	
Rural Health Clinic Services	8.	\$1,615.68	
State Hospital Contracts	9.	\$0.00	
Optional Health Care Services	10.	\$8,674.82	
Amount of Intergovernmental Transfer	11.	\$0.00	
<b>Total Expenditures</b> (Add #1 through #11.)			<b>12.</b> \$45,464.16
<b>Reimbursements Received</b> (Do not include State Assistance.)	13.	( \$263.28 )	
<b>6% Eligibility System Review Findings</b> (\$ in error)	14.	( \$0.00 )	
<b>Total to be Deducted</b> (Add #13 + #14.)			<b>15.</b> ( \$263.28 )
<b>Applied to State Assistance Eligibility/Reimbursement</b> (#12 minus #15)			<b>16.</b> \$45,200.88

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

<b>TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31)</b>	<b>\$</b>	<u>325,864.31</u>
<b>GRTL</b>	<b>\$</b>	<u>9,419,881.00</u>
	<b>4% of GRTL</b>	<u>376,795.24</u>
	<b>6% of GRTL</b>	<u>565,192.86</u>
	<b>8% of GRTL</b>	<u>753,590.48</u>

  
Signature of Person Submitting Form 105

07/01/2014  
Date