

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

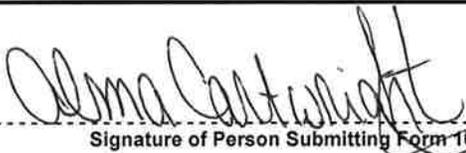
County Name ARANSAS Report for (Month/Year) 10/2011
 or
 Amendment of the Report for (Month/Year) _____

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	1.	\$5,714.00	
Prescription Drugs	2.	\$10,943.48	
Hospital, Inpatient Services	3.	\$37,645.06	
Hospital, Outpatient Services	4.	\$21,410.83	
Laboratory/X-Ray Services	5.	\$4,408.88	
Skilled Nursing Facility Services	6.	\$0.00	
Family Planning Services	7.	\$0.00	
Rural Health Clinic Services	8.	\$4,089.95	
State Hospital Contracts	9.	\$0.00	
Optional Health Care Services	10.	\$4,040.85	
Total Expenditures (Add #1 through #10.)			11. \$88,253.05
Reimbursements Received (Do not include State Assistance.)	12.	(\$2,310.93)	
6% Eligibility System Review Findings (\$ in error)	13.	(\$0.00)	
Total to be Deducted (Add #12 + #13.)			14. (\$2,310.93)
Applied to State Assistance Eligibility/Reimbursement (#11 minus #14)	15.		\$85,942.12

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) \$	<u>79,641.31</u>
GRTL \$ <u>7,649,419.00</u>	
6% of GRTL \$	<u>458,965.14</u>
8% of GRTL \$	<u>611,953.52</u>


 Signature of Person Submitting Form 105

 11/02/2011
 Date