

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

County Name Aransas Co. Report for (Month/Year) 01/2013  
 or  
 Amendment of the Report for (Month/Year) \_\_\_\_\_

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

Physician Services	1.	16,422.67	
Prescription Drugs	2.	6,425.14	
Hospital, Inpatient Services	3.	18,890.65	
Hospital, Outpatient Services	4.	17,712.30	
Laboratory/X-Ray Services	5.	2,938.28	
Skilled Nursing Facility Services	6.	0.00	
Family Planning Services	7.	0.00	
Rural Health Clinic Services	8.	1,649.20	
State Hospital Contracts	9.	0.00	
Optional Health Care Services	10.	3,448.61	
<b>Total Expenditures</b> (Add #1 through #10.)			<b>11. 67,486.85</b>
<b>Reimbursements Received</b> (Do not include State Assistance.)	12.	( 974.32 )	
<b>6% Eligibility System Review Findings</b> (\$ in error)	13.	( )	
<b>Total to be Deducted</b> (Add #12 + #13.)			<b>14. ( 974.32 )</b>
<b>Applied to State Assistance Eligibility/Reimbursement</b> (#11 minus #14)			<b>15. 66,512.53</b>

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

<b>TOTAL EXPENDITURES</b> for Current State Fiscal Year (9/1 – 8/31)	\$	<u>301,546.41</u>
<b>GRTL</b>	\$	<u>7,877,415.00</u>
<b>6% of GRTL</b>	\$	<u>472,644.90</u>
<b>8% of GRTL</b>	\$	<u>630,193.20</u>

  
 Signature of Person Submitting Form 105

02/05/13

Date