



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

County Name ARANSAS

Report for (Month/Year) 10/2012

or

Amendment of the Report for (Month/Year)

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	1.	\$10,206.88	
Prescription Drugs	2.	\$8,638.79	
Hospital, Inpatient Services	3.	\$13,299.53	
Hospital, Outpatient Services	4.	\$12,978.50	
Laboratory/X-Ray Services	5.	\$3,862.78	
Skilled Nursing Facility Services	6.	\$0.00	
Family Planning Services	7.	\$0.00	
Rural Health Clinic Services	8.	\$2,517.65	
State Hospital Contracts	9.	\$0.00	
Optional Health Care Services	10.	\$3,732.80	
Total Expenditures (Add #1 through #10.)			11. \$55,236.93
Reimbursements Received (Do not include State Assistance.)	12.	(\$422.05)	
6% Eligibility System Review Findings (\$ in error)	13.	(\$0.00)	
Total to be Deducted (Add #12 + #13.)			14. (\$422.05)
Applied to State Assistance Eligibility/Reimbursement (#11 minus #14)	15.		\$54,814.88

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) \$	<u>128,986.29</u>
GRTL \$ <u>7,877,415.00</u>	
6% of GRTL \$	<u>472,644.90</u>
8% of GRTL \$	<u>630,193.20</u>

Signature of Person Submitting Form 105

11/02/2012

Date