

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

County Name ARANSAS

Report for (Month/Year) 07/2012

or

Amendment of the Report for (Month/Year)

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	1.	\$14,360.23	
Prescription Drugs	2.	\$7,483.41	
Hospital, Inpatient Services	3.	\$68,164.98	
Hospital, Outpatient Services	4.	\$9,773.72	
Laboratory/X-Ray Services	5.	\$4,191.63	
Skilled Nursing Facility Services	6.	\$0.00	
Family Planning Services	7.	\$0.00	
Rural Health Clinic Services	8.	\$2,986.05	
State Hospital Contracts	9.	\$0.00	
Optional Health Care Services	10.	\$2,256.10	
Total Expenditures (Add #1 through #10.)			11. \$109,216.12
Reimbursements Received (Do not include State Assistance.)	12.	(\$3,811.87)	
6% Eligibility System Review Findings (\$ in error)	13.	(\$0.00)	
Total to be Deducted (Add #12 + #13.)			14. (\$3,811.87)
Applied to State Assistance Eligibility/Reimbursement (#11 minus #14)			15. \$105,404.25

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) \$	592,163.94
GRTL \$ <u>7,649,419.00</u>	
6% of GRTL \$	458,965.14
8% of GRTL \$	611,953.52



Signature of Person Submitting Form 105

08/02/2012

Date