

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

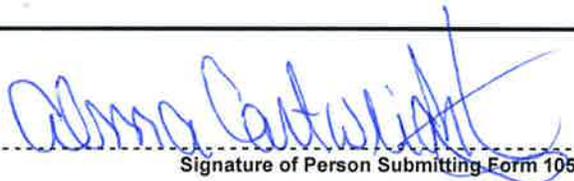
 County Name ARANSAS Report for (Month/Year) 05/2012  
 or  
 Amendment of the Report for (Month/Year) \_\_\_\_\_

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

Physician Services	1.	\$16,318.07	
Prescription Drugs	2.	\$14,770.09	
Hospital, Inpatient Services	3.	\$41,376.53	
Hospital, Outpatient Services	4.	\$2,858.22	
Laboratory/X-Ray Services	5.	\$3,161.38	
Skilled Nursing Facility Services	6.	\$0.00	
Family Planning Services	7.	\$0.00	
Rural Health Clinic Services	8.	\$1,112.45	
State Hospital Contracts	9.	\$0.00	
Optional Health Care Services	10.	\$2,615.84	
Total Expenditures (Add #1 through #10.)			11. \$82,212.58
Reimbursements Received (Do not include State Assistance.)	12. (	\$1,332.86 )	
6% Eligibility System Review Findings (\$ in error)	13. (	\$0.00 )	
Total to be Deducted (Add #12 + #13.)			14. ( \$1,332.86 )
Applied to State Assistance Eligibility/Reimbursement (#11 minus #14)			15. \$80,879.72

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

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) \$	<u>438,543.88</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

06/04/2012  
 Date