

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

 County Name ARANSAS

 Report for (Month/Year) 05/2014

or

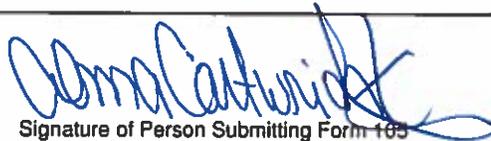
Amendment of the Report for (Month/Year)

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	1.	\$6,294.64	
Prescription Drugs	2.	\$12,433.53	
Hospital, Inpatient Services	3.	\$0.00	
Hospital, Outpatient Services	4.	\$7,573.43	
Laboratory/X-Ray Services	5.	\$2,984.69	
Skilled Nursing Facility Services	6.	\$0.00	
Family Planning Services	7.	\$0.00	
Rural Health Clinic Services	8.	\$1,735.36	
State Hospital Contracts	9.	\$0.00	
Optional Health Care Services	10.	\$3,942.65	
Amount of Intergovernmental Transfer	11.	\$0.00	
Total Expenditures (Add #1 through #11.)			12. \$34,964.30
Reimbursements Received (Do not include State Assistance.)	13. (\$7.49)	
6% Eligibility System Review Findings (\$ in error)	14. (\$0.00)	
Total to be Deducted (Add #13 + #14.)			15. (\$7.49)
Applied to State Assistance Eligibility/Reimbursement (#12 minus #15)			16. \$34,956.81

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) \$	<u>280,663.43</u>
GRTL \$ <u>9,419,881.00</u>	
4% of GRTL \$	<u>376,795.24</u>
6% of GRTL \$	<u>565,192.86</u>
8% of GRTL \$	<u>753,590.48</u>



Signature of Person Submitting Form 105

05/30/2014
Date