

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

County Name **TOM GREEN**

Report for Month/Year **06/2010**

OR

Amendment of the Report for Month/Year _____

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	1.	\$25,752.96		
Prescription Drugs	2.	\$0.00		
Hospital, Inpatient Services	3.	\$9,539.48		
Hospital, Outpatient Services	4.	\$144.06		
Laboratory/X-Ray Services	5.	\$2,012.43		
Skilled Nursing Facility Services	6.	\$0.00		
Family Planning Services	7.	\$434.72		
Rural Health Clinic Services	8.	\$0.00		
State Hospital Contracts	9.	\$0.00		
Optional Health Care Services	10.	\$11,657.78		
Total Expenditures (Add #1 through #10)			11.	\$49,541.43
Reimbursements Received (Do not include State Assistance.)	12.	(\$900.04)		
6% Eligibility System Review Findings (\$ in error)	13.	(\$0.00)		
Total to be deducted (Add #12 + #13)			14.	(\$900.04)
Applied to State Assistance Eligibility/Reimbursement (#11 minus #14)			15.	\$48,641.39

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURE TRACKING for Current State Fiscal Year (9/1-8/31)	\$ 22,097.63
GRTL	\$ 25,194,746.00
	6% of GRTL \$ 1,511,684.76
	8% of GRTL \$ 2,015,579.68

Ligman M. Spukin

07/06/2010

