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COUNTY INDIGENT HEALTH CARE PROGRAM
MONTHLY FINANCIAL REPORT

County Name TOM GREEN

Report for Month/Year 01/2008

or

Amendment of the Report for Month/Year _____

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	1.	\$17,961.49	
Prescription Drugs	2.	\$19,894.38	
Hospital, Inpatient Services	3.	\$61,004.65	
Hospital, Outpatient Services	4.	\$12,735.06	
Laboratory/X-Ray Services	5.	\$3,539.20	
Skilled Nursing Facility Services	6.	\$0.00	
Family Planning Services	7.	\$0.00	
Rural Health Clinic Services	8.	\$0.00	
State Hospital Contracts	9.	\$0.00	
Optional Health Care Services	10.	\$3,848.78	
Total Expenditures (Add #1 through #10)	11.	\$118,983.56	
Reimbursements Received (Do not include State Assistance.)	12.	(\$48,838.74)	
6% Eligibility System Review Findings (\$ in error)	13.	(\$0.00)	
Total to be deducted (Add #12 + #13)	14.	(\$48,838.74)	
Applied to State Assistance Eligibility/Reimbursement (#11 minus #14)	15.	\$70,144.82	

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURE TRACKING for Current State Fiscal Year (9/1-8/31) \$ 421,005.21

GRTL \$ 24,011,775.00

6% of GRTL \$ 1,440,706.50

8% of GRTL \$ 1,920,942.00

02/04/2008

Signature of person Submitting Form 105

Date