

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

County Name **TOM GREEN**

Report for Month/Year **03/2008**

or

Amendment of the Report for Month/Year \_\_\_\_\_

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

Physician Services	1.	\$13,766.28	
Prescription Drugs	2.	\$10,964.04	
Hospital, Inpatient Services	3.	\$52,347.97	
Hospital, Outpatient Services	4.	\$13,855.74	
Laboratory/X-Ray Services	5.	\$2,163.52	
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.	\$4,324.21	
<b>Total Expenditures (Add #1 through #10)</b>			<b>11. \$97,421.76</b>
<b>Reimbursements Received (Do not include State Assistance.)</b>	12.	<b>(\$2,271.95)</b>	
<b>6% Eligibility System Review Findings (\$ in error)</b>	13.	<b>(\$0.00)</b>	
<b>Total to be deducted (Add #12 + #13)</b>			<b>14. (\$2,271.95)</b>
<b>Applied to State Assistance Eligibility/Reimbursement (#11 minus #14)</b>			<b>15. \$95,149.81</b>

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

**TOTAL EXPENDITURE TRACKING for Current State Fiscal Year (9/1-8/31)    \$ 587,112.82**

**GRTL                    \$ 24,011,775.00**

**6% of GRTL    \$ 1,440,706.50**

**8% of GRTL    \$ 1,920,942.00**

*Anta Dunlap*

04/02/2008