

4G,

FORM 105

COUNTY INDIGENT HEALTH CARE PROGRAM
MONTHLY FINANCIAL REPORT

County Name TOM GREEN

Report for Month/Year 07/2008

or

Amendment of the Report for Month/Year _____

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	1.	\$17,185.70	
Prescription Drugs	2.	\$29,470.08	
Hospital, Inpatient Services	3.	\$88,572.84	
Hospital, Outpatient Services	4.	\$29,914.21	
Laboratory/X-Ray Services	5.	\$6,319.14	
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.	\$6,700.33	
Total Expenditures (Add #1 through #10)	11.	\$178,162.30	
Reimbursements Received (Do not include State Assistance.)	12.	(\$2,170.71)	
6% Eligibility System Review Findings (\$ in error)	13.	(\$0.00)	
Total to be deducted (Add #12 + #13)	14.	(\$2,170.71)	
Applied to State Assistance Eligibility/Reimbursement (#11 minus #14)	15.	\$175,991.59	

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURE TRACKING for Current State Fiscal Year (9/1-8/31) \$ 1,073,508.13

GRTL \$ 24,011,775.00

6% of GRTL \$ 1,440,706.50

8% of GRTL \$ 1,920,942.00

08/01/2008