

HB

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

County Name **TOM GREEN**

Report for Month/Year **08/2008**

or

Amendment of the Report for Month/Year _____

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	1.	\$23,996.71	
Prescription Drugs	2.	\$13,811.48	
Hospital, Inpatient Services	3.	\$134,173.38	
Hospital, Outpatient Services	4.	\$34,668.81	
Laboratory/X-Ray Services	5.	\$4,771.85	
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.	\$4,238.15	
Total Expenditures (Add #1 through #10)	11.		\$215,660.38
Reimbursements Received (Do not include State Assistance.)	12.	(\$1,120.19)	
6% Eligibility System Review Findings (\$ in error)	13.	(\$0.00)	
Total to be deducted (Add #12 + #13)	14.		(\$1,120.19)
Applied to State Assistance Eligibility/Reimbursement (#11 minus #14)	15.		\$214,540.19

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURE TRACKING for Current State Fiscal Year (9/1-8/31) \$ 1,288,048.32

GRTL \$ 24,011,775.00

6% of GRTL \$ 1,440,706.50

8% of GRTL \$ 1,920,942.00

09/02/2008