

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

County Name **TOM GREEN**

Report for Month/Year **10/2008**

or

Amendment of the Report for Month/Year _____

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	1.	\$18,225.70	
Prescription Drugs	2.	\$14,485.91	
Hospital, Inpatient Services	3.	\$90,024.81	
Hospital, Outpatient Services	4.	\$39,081.20	
Laboratory/X-Ray Services	5.	\$6,295.65	
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.	\$3,721.99	
Total Expenditures (Add #1 through #10)	11.	\$161,835.26	
Reimbursements Received (Do not include State Assistance.)	12.	(\$41,802.96)	
6% Eligibility System Review Findings (\$ in error)	13.	(\$0.00)	
Total to be deducted (Add #12 + #13)	14.	(\$41,802.96)	
Applied to State Assistance Eligibility/Reimbursement (#11 minus #14)	15.	\$120,032.30	

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURE TRACKING for Current State Fiscal Year (9/1-8/31) \$ 235,886.23

GRTL \$ 25,489,726.00

6% of GRTL \$ 1,529,383.56

8% of GRTL \$ 2,039,178.08



10/31/2008