FORM 105

COUNTY INDIGENT HEALTH CARE PROGRAM
MONTHLY FINANCIAL REPORT

County Name TOM GREEN **Report for Month/Year 12/2008**

or

Amendment of the Report for Month/Year _____

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	1.	$8,861.98		
Prescription Drugs	2.	$19,072.81		
Hospital, Inpatient Services	3.	$43,864.11		
Hospital, Outpatient Services	4.	$25,636.65		
Laboratory/X-Ray Services	5.	$-1,224.33		
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.	$5,061.14		
Total Expenditures (Add #1 through #10)			11.	$101,272.36
Reimbursements Received (Do not include State Assistance.)	12.	($3,160.44)		
6% Eligibility System Review Findings ($ in error)	13.	($0.00)		
Total to be deducted (Add #12 + #13)			14.	($3,160.44)
Applied to State Assistance Eligibility/Reimbursement (#11 minus #14)			15.	$98,111.92

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURE TRACKING for Current State Fiscal Year (9/1-8/31) **$ 448,524.74**

GRTL **$ 25,489,726.00**

6% of GRTL **$ 1,529,383.56**

8% of GRTL **$ 2,039,178.08**

Anita Dunlap 01/02/2009

Signature of person Submitting Form 105 Date