

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

County Name **TOM GREEN**

Report for Month/Year **01/2009**

or

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

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

Physician Services	1.	\$4,455.94	
Prescription Drugs	2.	\$0.00	
Hospital, Inpatient Services	3.	\$5,576.56	
Hospital, Outpatient Services	4.	\$-3,853.53	
Laboratory/X-Ray Services	5.	\$2,498.48	
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.	\$3,500.04	
<b>Total Expenditures (Add #1 through #10)</b>	<b>11.</b>	<b>\$12,177.49</b>	
Reimbursements Received (Do not include State Assistance.)	12.	(\$28,286.10)	
6% Eligibility System Review Findings (\$ In error)	13.	(\$0.00)	
<b>Total to be deducted (Add #12 + #13)</b>	<b>14.</b>	<b>(\$28,286.10)</b>	
<b>Applied to State Assistance Eligibility/Reimbursement (#11 minus #14)</b>	<b>15.</b>	<b>\$-16,108.61</b>	

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

**TOTAL EXPENDITURE TRACKING for Current State Fiscal Year (9/1-8/31) \$ 432,416.13**  
**GRTL \$ 25,489,726.00**

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

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



02/02/2009

Signature of person Submitting Form 105

Date