Scanned

COUNTY INDIGENT HEALTH CARE PROGRAM
MONTHLY FINANCIAL REPORT

County Name TOM GREEN

Report for Month/Year 10/2009

or

Amendment of the Report for Month/Year _____

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	1.	$4,928.47		
Prescription Drugs	2.	$0.00		
Hospital, Inpatient Services	3.	$0.00		
Hospital, Outpatient Services	4.	$0.00		
Laboratory/X-Ray Services	5.	$0.00		
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.	$8,000.74		
Total Expenditures (Add #1 through #10)			11.	$12,929.21
Reimbursements Received (Do not include State Assistance)	12.	($14,520.00)		
0% Eligibility System Review Findings (\$ in error)	13.	($0.00)		
Total to be deducted (Add #12 + #13)			14.	($14,520.00)
Applied to State Assistance Eligibility/Reimbursement (#11 minus #14)			15.	$-1,590.80

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURE TRACKING for Current State Fiscal Year (9/1-8/31) $ -6,936.34

GRTL $ 25,194,746.00

6% of GRTL $ 1,511,684.76

8% of GRTL $ 2,015,579.68

11/01/2009

Signature of person submitting form (15) Date