

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

County Name **TOM GREEN**

Report for Month/Year **11/2009**

or  
Amendment of the Report for Month/Year **11/2009**

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

Physician Services	1.	\$2,935.52		
Prescription Drugs	2.	\$0.00		
Hospital, Inpatient Services	3.	\$0.00		
Hospital, Outpatient Services	4.	\$0.00		
Laboratory/X-Ray Services	5.	\$7.36		
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.	\$8,793.98		
<b>Total Expenditures (Add #1 through #10)</b>			11.	<b>\$11,736.86</b>
<b>Reimbursements Received (Do not include State Assistance.)</b>	12.	<b>(\$47,375.24)</b>		
<b>6% Eligibility System Review Findings (\$ in error)</b>	13.	<b>(\$0.00)</b>		
<b>Total to be deducted (Add #12 + #13)</b>			14.	<b>(\$47,375.24)</b>
<b>Applied to State Assistance Eligibility/Reimbursement (#11 minus #14)</b>			15.	<b>\$-35,638.38</b>

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

<b>TOTAL EXPENDITURE TRACKING for Current State Fiscal Year (9/1-8/31)</b>	<b>\$ -39,901.99</b>
<b>GRTL</b>	<b>\$ 25,194,746.00</b>
	<b>6% of GRTL \$ 1,511,684.76</b>
	<b>8% of GRTL \$ 2,015,579.68</b>

*Lichman M. Spukin*

01/05/2010

