

FORM 105

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

County Name **TOM GREEN**Report for Month/Year **01/2011**

or

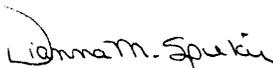
Amendment of the Report for Month/Year _____

I. REIMBURSABLE EXPENDITURES during This Report Month

| | | | | |
|---|-----|---------------------|-----|---------------------|
| Physician Services | 1. | \$18,445.32 | | |
| Prescription Drugs | 2. | \$0.00 | | |
| Hospital, Inpatient Services | 3. | \$0.00 | | |
| Hospital, Outpatient Services | 4. | \$0.00 | | |
| Laboratory/X-Ray Services | 5. | \$2,289.51 | | |
| 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. | \$19,500.86 | | |
| Total Expenditures (Add #1 through #10) | | | 11. | \$40,235.69 |
| Reimbursements Received (Do not include State Assistance.) | 12. | (\$3,249.52) | | |
| 6% Eligibility System Review Findings (\$ in error) | 13. | (\$0.00) | | |
| Total to be deducted (Add #12 + #13) | | | 14. | (\$3,249.52) |
| Applied to State Assistance Eligibility/Reimbursement (#11 minus #14) | | | 15. | \$36,986.17 |

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

| | |
|--|------------------------|
| TOTAL EXPENDITURE TRACKING for Current State Fiscal Year (9/1-8/31) | \$ 99,804.11 |
| GRTL \$ 26,076,193.00 | |
| 6% of GRTL | \$ 1,564,571.58 |
| 8% of GRTL | \$ 2,086,095.44 |



02/03/2011

Signature of person Submitting Form 105

Date

 CIHCP 05-5
 September 2005