



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

County Name TOM GREEN Report for (Month/Year) 10/2011
 or
 Amendment of the Report for (Month/Year) _____

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	1.	\$4,796.57	
Prescription Drugs	2.	\$0.00	
Hospital, Inpatient Services	3.	\$0.00	
Hospital, Outpatient Services	4.	\$0.00	
Laboratory/X-Ray Services	5.	\$3,628.30	
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.	\$8,249.39	
Total Expenditures (Add #1 through #10.)	11.	\$16,674.26	
Reimbursements Received (Do not include State Assistance.)	12. (\$0.00)	
6% Eligibility System Review Findings (\$ in error)	13. (\$0.00)	
Total to be Deducted (Add #12 + #13.)	14. (\$0.00)	
Applied to State Assistance Eligibility/Reimbursement (#11 minus #14)	15.	\$16,674.26	

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) \$	27,846,531.00	6% of GRTL \$	49,058.45
GRTL \$		8% of GRTL \$	1,670,791.86
			2,227,722.48

Signature of Person Submitting Form 105 *Ligman M. Spukis* Date 11/03/2011

