

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

County Name TOM GREEN Report for (Month/Year) 11/2011
 OR
 Amendment of the Report for (Month/Year) _____

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	1.	\$9,690.58	
Prescription Drugs	2.	\$0.00	
Hospital, Inpatient Services	3.	\$0.00	
Hospital, Outpatient Services	4.	\$0.00	
Laboratory/X-Ray Services	5.	\$3,260.63	
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.	\$11,781.88	
Total Expenditures (Add #1 through #10.)			11. \$24,733.09
Reimbursements Received (Do not include State Assistance.)	12. (\$1,820.00)	
6% Eligibility System Review Findings (\$ in error)	13. (\$0.00)	
Total to be Deducted (Add #12 + #13.)			14. (\$1,820.00)
Applied to State Assistance Eligibility/Reimbursement (#11 minus #14)			15. \$22,913.09

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) \$	<u>71,971.54</u>
GRTL \$ <u>27,846,531.00</u>	
6% of GRTL \$	<u>1,670,791.86</u>
8% of GRTL \$	<u>2,227,722.48</u>

Lionna M. Spuki
 Signature of Person Submitting Form 105

12/02/2011

Date