



Form 105

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

County Name TOM GREEN Report for (Month/Year) 12/2011
or
Amendment of the Report for (Month/Year) _____

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	1.	\$941.17	
Prescription Drugs	2.	\$0.00	
Hospital, Inpatient Services	3.	\$0.00	
Hospital, Outpatient Services	4.	\$0.00	
Laboratory/X-Ray Services	5.	\$946.06	
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.	\$8,404.99	
Total Expenditures (Add #1 through #10.)			11. \$10,292.22
Reimbursements Received (Do not include State Assistance.)	12. (\$12,375.10)	
6% Eligibility System Review Findings (\$ in error)	13. (\$0.00)	
Total to be Deducted (Add #12 + #13.)			14. (\$12,375.10)
Applied to State Assistance Eligibility/Reimbursement (#11 minus #14)	15.		\$-2,082.88

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) \$	<u>69,888.66</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>

Ligiana M. Spuck
Signature of Person Submitting Form 105

01/04/2012
Date

CIHCP 05-5
September 2005

