



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

County Name TOM GREEN

Report for (Month/Year) 01/2012

Amendment of the Report for (Month/Year) _____
or

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	1.	\$5,264.24	
Prescription Drugs	2.	\$0.00	
Hospital, Inpatient Services	3.	\$0.00	
Hospital, Outpatient Services	4.	\$901.04	
Laboratory/X-Ray Services	5.	\$129.90	
Skilled Nursing Facility Services	6.	\$0.00	
Family Planning Services	7.	\$218.58	
Rural Health Clinic Services	8.	\$0.00	
State Hospital Contracts	9.	\$0.00	
Optional Health Care Services	10.	\$11,848.55	
Total Expenditures (Add #1 through #10.)	11.	\$18,362.31	
Reimbursements Received (Do not include State Assistance.)	12. (\$882.66)	
6% Eligibility System Review Findings (\$ in error)	13. (\$0.00)	
Total to be Deducted (Add #12 + #13.)	14. (\$882.66)	
Applied to State Assistance Eligibility/Reimbursement (#11 minus #14)	15.	\$17,479.65	

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) \$	27,846,531.00	87,368.31
GRTL \$		
6% of GRTL \$	1,670,791.86	
8% of GRTL \$	2,227,722.48	

Signature of Person Submitting Form 105 *Ignacia M. Soucia* Date 02/06/2012

