



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

County Name TOM GREEN Report for (Month/Year) 04/2012

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

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	1.	\$2,069.35	
Prescription Drugs	2.	\$0.00	
Hospital, Inpatient Services	3.	\$0.00	
Hospital, Outpatient Services	4.	\$1,090.98	
Laboratory/X-Ray Services	5.	\$1,855.04	
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.	\$10,226.92	
Total Expenditures (Add #1 through #10.)			11. \$15,242.29
Reimbursements Received (Do not include State Assistance.)	12. (\$30.00)	
6% Eligibility System Review Findings (\$ in error)	13. (\$0.00)	
Total to be Deducted (Add #12 + #13.)	14. (\$30.00)	
Applied to State Assistance Eligibility/Reimbursement (#11 minus #14)	15.		\$15,212.29

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) \$	147,123.68
GRTL \$ <u>27,846,531.00</u>	
6% of GRTL \$	1,670,791.86
8% of GRTL \$	2,227,722.48

Lignam M. Souka
Signature of Person Submitting Form 105 _____ Date 05/03/2012

