

**COUNTY INDIGENT HEALTH CARE PROGRAM  
END OF YEAR REPORT**

**Entity Name:** Tom Green County

**State Fiscal Year:** 09/01/11-08/31/12

(September 1-August 31)

Check below which type of entity you represent:

County

Public Hospital

Hospital District

**I. TOTAL NUMBER OF UNDUPLICATED CLIENTS SERVED:** 1359

To get the number of unduplicated clients, do not count the same individual more than once.

How many of these clients are SSI appellants? 50

**II. TOTAL EXPENDITURES:** \$202,541.81

Break the total expenditures down into the following categories:

1. Physician Services	\$	45,153.75
2. Prescription Drugs	\$	0.00
3. Hospital, Inpatient Services	\$	24,062.52
4. Hospital, Outpatient Services	\$	5,812.08
5. Laboratory/X-Ray Services	\$	37,216.40
6. Skilled Nursing Facility Services	\$	0.00
7. Family Planning Services	\$	218.58
8. Rural Health Clinic Services	\$	0.00
9. State Hospital Contracts	\$	0.00
10. Optional Health Care Services	\$	115,725.65
11. Reimbursements/Errors	\$	-25,647.17

**III. DIAGNOSES** - List the five top diagnoses of your clients.

1. 250.00 Diabetes Mellitus Without Mention Of Complication Type II Or Unspecified Type Not Stated As Uncontrolled
2. 401.9 Unspecified Essential Hypertension
3. 250.02 Diabetes Mellitus Without Mention Of Complication Type II Or Unspecified Type Uncontrolled
4. 724.2 Lumbago
5. 250.01 Diabetes Mellitus Without Mention Of Complication Type I [juvenile Type] Not Stated As Uncontrolled

**IV. FEDERAL POVERTY GUIDELINE % Used to Determine Eligibility:** 21%

Signature of Person Submitting Form 300:

*Liam M. Speck*

Telephone Number of Person Submitting Form 300: (325) 659-6504

Date: 09/07/2012