

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

 County Name TOM GREEN

Report for (Month/Year)

01/2013

or

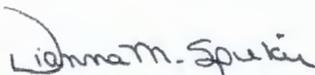
Amendment of the Report for (Month/Year)

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	1.	\$2,839.52	
Prescription Drugs	2.	\$0.00	
Hospital, Inpatient Services	3.	\$0.00	
Hospital, Outpatient Services	4.	\$637.13	
Laboratory/X-Ray Services	5.	\$12,277.36	
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.	\$14,087.92	
Total Expenditures (Add #1 through #10.)			11. \$29,841.93
Reimbursements Received (Do not include State Assistance.)	12. (\$0.00)	
6% Eligibility System Review Findings (\$ in error)	13. (\$0.00)	
Total to be Deducted (Add #12 + #13.)			14. (\$0.00)
Applied to State Assistance Eligibility/Reimbursement (#11 minus #14)			15. \$29,841.93

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) \$	<u>96,850.06</u>
GRTL \$ <u>29,246,872.00</u>	
6% of GRTL \$	<u>1,754,812.32</u>
8% of GRTL \$	<u>2,339,749.76</u>



Signature of Person Submitting Form 105

03/14/2013

Date

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

County Name TOM GREEN

Report for (Month/Year) 02/2013

or

Amendment of the Report for (Month/Year)

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	1.	\$5,519.84	
Prescription Drugs	2.	\$0.00	
Hospital, Inpatient Services	3.	\$0.00	
Hospital, Outpatient Services	4.	\$258.33	
Laboratory/X-Ray Services	5.	\$7,793.21	
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.	\$6,113.29	
Total Expenditures (Add #1 through #10.)			11. \$19,684.67
Reimbursements Received (Do not include State Assistance.)	12. (\$4,571.84)	
6% Eligibility System Review Findings (\$ in error)	13. (\$0.00)	
Total to be Deducted (Add #12 + #13.)			14. (\$4,571.84)
Applied to State Assistance Eligibility/Reimbursement (#11 minus #14)			15. \$15,112.83

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) \$	<u>111,962.89</u>
GRTL \$ <u>29,246,872.00</u>	
6% of GRTL \$	<u>1,754,812.32</u>
8% of GRTL \$	<u>2,339,749.76</u>

Lichman Spuki

Signature of Person Submitting Form 105

03/14/2013

Date