

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

Entity Name: Tom Green County

State Fiscal Year: 09/01/2012-08/31/2013

(September 1-August 31)

Check below which type of entity you represent:

County

Public Hospital

Hospital District

**I. TOTAL NUMBER OF UNDUPLICATED CLIENTS SERVED: 512**

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

How many of these clients are SSI appellants? 14

**II. TOTAL EXPENDITURES: \$226,341.33**

Break the total expenditures down into the following categories:

1. Physician Services	\$	50,716.74
2. Prescription Drugs	\$	0.00
3. Hospital, Inpatient Services	\$	15,977.65
4. Hospital, Outpatient Services	\$	8,436.86
5. Laboratory/X-Ray Services	\$	38,657.40
6. Skilled Nursing Facility Services	\$	0.00
7. Family Planning Services	\$	0.00
8. Rural Health Clinic Services	\$	0.00
9. State Hospital Contracts	\$	0.00
10. Optional Health Care Services	\$	123,128.77
11. Reimbursements/Errors	\$	-10,576.09

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

- 250.00 Diabetes Mellitus Without Mention Of Complication Type Ii Or Unspecified Type Not Stated As Uncontrolled
- 250.02 Diabetes Mellitus Without Mention Of Complication Type Ii Or Unspecified Type Uncontrolled
- 401.9 Unspecified Essential Hypertension
- 300.00 Anxiety State Unspecified
- 493.90 Asthma Unspecified

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

Signature of Person Submitting Form 300:

*Liam M. Spuka*

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

Date: 09/03/2013