

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

 County Name TOM GREEN

Report for (Month/Year)

08/2013

or

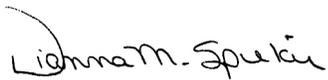
Amendment of the Report for (Month/Year)

**I. REIMBURSABLE EXPENDITURES during This Report Month**

Physician Services	1.	\$507.18	
Prescription Drugs	2.	\$0.00	
Hospital, Inpatient Services	3.	\$0.00	
Hospital, Outpatient Services	4.	\$267.82	
Laboratory/X-Ray Services	5.	\$0.00	
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.	\$6,879.25	
<b>Total Expenditures</b> (Add #1 through #10.)			<b>11. \$7,654.25</b>
<b>Reimbursements Received</b> (Do not include State Assistance.)	<b>12. (</b>	<b>\$0.00 )</b>	
<b>6% Eligibility System Review Findings</b> (\$ in error)	<b>13. (</b>	<b>\$0.00 )</b>	
<b>Total to be Deducted</b> (Add #12 + #13.)			<b>14. ( \$0.00 )</b>
<b>Applied to State Assistance Eligibility/Reimbursement</b> (#11 minus #14)			<b>15. \$7,654.25</b>

**II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement**

<b>TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) \$</b>	<u>226,341.33</u>
<b>GRTL \$</b> <u>29,246,872.00</u>	
<b>6% of GRTL \$</b>	<u>1,754,812.32</u>
<b>8% of GRTL \$</b>	<u>2,339,749.76</u>



Signature of Person Submitting Form 105

09/03/2013

Date