

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

 County Name TOM GREEN

 Report for (Month/Year) 01/2014

or

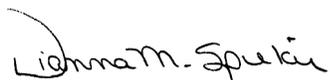
Amendment of the Report for (Month/Year)

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	1.	\$4,523.48	
Prescription Drugs	2.	\$0.00	
Hospital, Inpatient Services	3.	\$0.00	
Hospital, Outpatient Services	4.	\$251.02	
Laboratory/X-Ray Services	5.	\$194.44	
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.	\$6,308.34	
Total Expenditures (Add #1 through #10.)			11. \$11,277.28
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. \$11,277.28

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) \$	<u>92,713.24</u>
GRTL \$ <u>2,493,543.44</u>	
6% of GRTL \$	<u>149,612.61</u>
8% of GRTL \$	<u>199,483.48</u>



Signature of Person Submitting Form 105

02/03/2014

Date