

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

 County Name TOM GREEN

 Report for (Month/Year) 05/2014

or

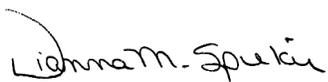
Amendment of the Report for (Month/Year)

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

Physician Services	1.	\$2,185.58	
Prescription Drugs	2.	\$0.00	
Hospital, Inpatient Services	3.	\$0.00	
Hospital, Outpatient Services	4.	\$268.24	
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.	\$6,478.03	
Amount of Intergovernmental Transfer	11.	\$0.00	
<b>Total Expenditures</b> (Add #1 through #11.)			<b>12.</b> \$8,931.85
<b>Reimbursements Received</b> (Do not include State Assistance.)	<b>13.</b> (	\$0.00 )	
<b>6% Eligibility System Review Findings</b> (\$ in error)	<b>14.</b> (	\$0.00 )	
<b>Total to be Deducted</b> (Add #13 + #14.)			<b>15.</b> ( \$0.00 )
<b>Applied to State Assistance Eligibility/Reimbursement</b> (#12 minus #15)			<b>16.</b> \$8,931.85

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

<b>TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) \$</b>		<u>130,180.38</u>
<b>GRTL \$</b>	<u>31,169,293.00</u>	
	<b>4% of GRTL \$</b>	<u>1,246,771.72</u>
	<b>6% of GRTL \$</b>	<u>1,870,157.58</u>
	<b>8% of GRTL \$</b>	<u>2,493,543.44</u>



Signature of Person Submitting Form 105

06/02/2014

Date