TEXAS Department of State Health Services

Form 105

COUNTY INDIGENT HEALTH CARE PROGRAM
MONTHLY FINANCIAL REPORT

County Name TOM GREEN **Report for (Month/Year)** 06/2014

or

Amendment of the Report for (Month/Year)

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	**1.**	$2,606.34		
Prescription Drugs	**2.**	$0.00		
Hospital, Inpatient Services	**3.**	$0.00		
Hospital, Outpatient Services	**4.**	$0.00		
Laboratory/X-Ray Services	**5.**	$456.06		
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.**	$2,518.25		
Amount of Intergovernmental Transfer	**11.**	$0.00		
Total Expenditures (Add #1 through #11.)			**12.**	$5,580.65
Reimbursements Received (Do not include State Assistance.)	**13. (**	$0.00 **)**		
6% Eligibility System Review Findings ($ in error)	**14. (**	$0.00 **)**		
Total to be Deducted (Add #13 + #14.)			**15. (**	$0.00 **)**
Applied to State Assistance Eligibility/Reimbursement (#12 minus #15)			**16.**	$5,580.65

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) $		135,761.03
GRTL $ 31,169,293.00		
	4% of GRTL $	1,246,771.72
	6% of GRTL $	1,870,157.58
	8% of GRTL $	2,493,543.44

Signature of Person Submitting Form 105

07/01/2014
Date