

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

 County Name TOM GREEN

Report for (Month/Year)

08/2014

or

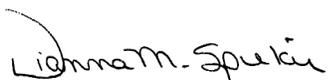
Amendment of the Report for (Month/Year)

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	1.	\$4,002.83	
Prescription Drugs	2.	\$0.00	
Hospital, Inpatient Services	3.	\$0.00	
Hospital, Outpatient Services	4.	\$0.00	
Laboratory/X-Ray Services	5.	\$405.56	
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.	\$6,748.22	
Amount of Intergovernmental Transfer	11.	\$0.00	
Total Expenditures (Add #1 through #11.)			12. \$11,156.61
Reimbursements Received (Do not include State Assistance.)	13. (\$133.84)	
6% Eligibility System Review Findings (\$ in error)	14. (\$0.00)	
Total to be Deducted (Add #13 + #14.)			15. (\$133.84)
Applied to State Assistance Eligibility/Reimbursement (#12 minus #15)			16. \$11,022.77

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) \$		<u>154,277.35</u>
GRTL \$	<u>31,169,293.00</u>	
	4% of GRTL \$	<u>1,246,771.72</u>
	6% of GRTL \$	<u>1,870,157.58</u>
	8% of GRTL \$	<u>2,493,543.44</u>



Signature of Person Submitting Form 105

09/02/2014

Date