

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

 County Name TOM GREEN

Report for (Month/Year)

09/2014

or

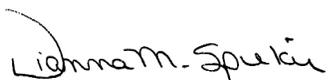
Amendment of the Report for (Month/Year)

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

Physician Services	1.	\$4,184.61	
Prescription Drugs	2.	\$0.00	
Hospital, Inpatient Services	3.	\$21,154.89	
Hospital, Outpatient Services	4.	\$33.54	
Laboratory/X-Ray Services	5.	\$1,178.99	
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.	\$5,440.19	
Amount of Intergovernmental Transfer	11.	\$0.00	
<b>Total Expenditures</b> (Add #1 through #11.)			<b>12.</b> \$31,992.22
<b>Reimbursements Received</b> (Do not include State Assistance.)	<b>13.</b> (	\$6,129.66 )	
<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> ( \$6,129.66 )
<b>Applied to State Assistance Eligibility/Reimbursement</b> (#12 minus #15)			<b>16.</b> \$25,862.56

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

<b>TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) \$</b>	<u>25,862.56</u>
<b>GRTL \$</b> <u>34,857,713.00</u>	
<b>4% of GRTL \$</b>	<u>1,394,308.52</u>
<b>6% of GRTL \$</b>	<u>2,091,462.78</u>
<b>8% of GRTL \$</b>	<u>2,788,617.04</u>



Signature of Person Submitting Form 105

10/09/2014

Date