TEXAS Department of State Health Services

Form 105

COUNTY INDIGENT HEALTH CARE PROGRAM
MONTHLY FINANCIAL REPORT

County Name TOM GREEN **Report for (Month/Year)** 03/2015

or

Amendment of the Report for (Month/Year)

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	**1.**	$2,790.15		
Prescription Drugs	**2.**	$0.00		
Hospital, Inpatient Services	**3.**	$0.00		
Hospital, Outpatient Services	**4.**	$0.00		
Laboratory/X-Ray Services	**5.**	$2,693.89		
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.**	$4,455.00		
Amount of Intergovernmental Transfer	**11.**	$0.00		
Total Expenditures (Add #1 through #11.)			**12.**	$9,939.04
Reimbursements Received (Do not include State Assistance.)	**13. (**	$1,849.10 **)**		
6% Eligibility System Review Findings ($ in error)	**14. (**	$0.00 **)**		
Total to be Deducted (Add #13 + #14.)			**15. (**	$1,849.10 **)**
Applied to State Assistance Eligibility/Reimbursement (#12 minus #15)			**16.**	$8,089.94

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) $		51,539.05
GRTL $ 34,857,713.00		
	4% of GRTL $	1,394,308.52
	6% of GRTL $	2,091,462.78
	8% of GRTL $	2,788,617.04

Signature of Person Submitting Form 105

04/13/2015
Date