

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

 County Name TOM GREEN

Report for (Month/Year)

08/2015

or

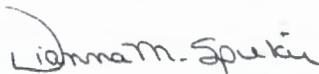
Amendment of the Report for (Month/Year)

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	1.	\$400.32	
Prescription Drugs	2.	\$0.00	
Hospital, Inpatient Services	3.	\$0.00	
Hospital, Outpatient Services	4.	\$0.00	
Laboratory/X-Ray Services	5.	\$54.79	
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.	\$810.00	
Amount of Intergovernmental Transfer	11.	\$0.00	
Total Expenditures (Add #1 through #11.)			12. \$1,265.11
Reimbursements Received (Do not include State Assistance.)	13.	(\$725.49)	
6% Eligibility System Review Findings (\$ in error)	14.	(\$0.00)	
Total to be Deducted (Add #13 + #14.)			15. (\$725.49)
Applied to State Assistance Eligibility/Reimbursement (#12 minus #15)			16. \$539.62

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) \$	<u>98,337.36</u>
GRTL \$ <u>34,857,713.00</u>	
4% of GRTL \$	<u>1,394,308.52</u>
6% of GRTL \$	<u>2,091,462.78</u>
8% of GRTL \$	<u>2,788,617.04</u>



Signature of Person Submitting Form 105

09/02/2015

Date