

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

County Name Brown

Report for (Month/Year) 12/2015

or

Amendment of the Report for (Month/Year)

I. REIMBURSABLE EXPENDITURES during This Report Month

| | | | |
|--|--------------|-----------------|-----------------------|
| Physician Services | 1. | \$1,490.28 | |
| Prescription Drugs | 2. | \$655.43 | |
| Hospital, Inpatient Services | 3. | \$0.00 | |
| Hospital, Outpatient Services | 4. | \$0.00 | |
| Laboratory/X-Ray Services | 5. | \$12.56 | |
| 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. | \$225.47 | |
| Amount of Intergovernmental Transfer | 11. | \$0.00 | |
| Total Expenditures (Add #1 through #11.) | | | 12. \$2,383.74 |
| 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. \$2,383.74 |

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

| | |
|---|---------------------|
| TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) \$ | <u>32,321.26</u> |
| GRTL \$ <u>12,699,988.00</u> | |
| 4% of GRTL \$ | <u>507,999.52</u> |
| 6% of GRTL \$ | <u>761,999.28</u> |
| 8% of GRTL \$ | <u>1,015,999.04</u> |

Anna McClure

Signature of Person Submitting Form 105

12/11/2015

Date

December 14, 2015
(Exhibit #6)