TEXAS Department of State Health Services

Form 105

COUNTY INDIGENT HEALTH CARE PROGRAM
MONTHLY FINANCIAL REPORT

County Name Brown **Report for (Month/Year)** 01/2016

or

Amendment of the Report for (Month/Year)

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	**1.**	$1,112.23		
Prescription Drugs	**2.**	$623.57		
Hospital, Inpatient Services	**3.**	$0.00		
Hospital, Outpatient Services	**4.**	$0.00		
Laboratory/X-Ray Services	**5.**	$67.93		
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.**	$103.86		
Amount of Intergovernmental Transfer	**11.**	$0.00		
Total Expenditures (Add #1 through #11.)			**12.**	$1,907.59
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.**	$1,907.59

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) $		34,228.85
GRTL $ 12,699,988.00		
	4% of GRTL $	507,999.52
	6% of GRTL $	761,999.28
	8% of GRTL $	1,015,999.04

Signature of Person Submitting Form 105

01/08/2016
Date

September 2013

January 11, 2016
(Exhibit #6)