

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

County Name Brown

Report for (Month/Year)

09/2016

or

Amendment of the Report for (Month/Year)

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	1.	\$2,933.57	
Prescription Drugs	2.	\$584.38	
Hospital, Inpatient Services	3.	\$28,986.95	
Hospital, Outpatient Services	4.	\$0.00	
Laboratory/X-Ray Services	5.	\$613.86	
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.	\$0.00	
Amount of Intergovernmental Transfer	11.	\$0.00	
Total Expenditures (Add #1 through #11.)			12. \$33,118.76
Reimbursements Received (Do not include State Assistance.)	13.	(\$354.92)	
6% Eligibility System Review Findings (\$ in error)	14.	(\$0.00)	
Total to be Deducted (Add #13 + #14.)			15. (\$354.92)
Applied to State Assistance Eligibility/Reimbursement (#12 minus #15)			16. \$32,763.84

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) \$	32,763.84
GRTL \$ <u>12,699,988.00</u>	
4% of GRTL \$	507,999.52
6% of GRTL \$	761,999.28
8% of GRTL \$	1,015,999.04

Anna McClure

Signature of Person Submitting Form 105

10/17/2016

Date

September 2013

October 24, 2016
(Exhibit #5)