

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

 County Name Brown

 Report for (Month/Year) 10/2014

or

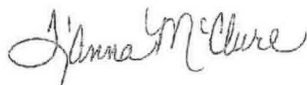
Amendment of the Report for (Month/Year)

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	1.	\$5,360.30	
Prescription Drugs	2.	\$7,196.47	
Hospital, Inpatient Services	3.	\$0.00	
Hospital, Outpatient Services	4.	\$0.00	
Laboratory/X-Ray Services	5.	\$964.55	
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.	\$328.75	
Amount of Intergovernmental Transfer	11.	\$0.00	
Total Expenditures (Add #1 through #11.)			12. \$13,850.07
Reimbursements Received (Do not include State Assistance.)	13.	(\$15,046.54)	
6% Eligibility System Review Findings (\$ in error)	14.	(\$0.00)	
Total to be Deducted (Add #13 + #14.)			15. (\$15,046.54)
Applied to State Assistance Eligibility/Reimbursement (#12 minus #15)			16. \$-1,196.47

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) \$		<u>-1,196.47</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>



Signature of Person Submitting Form 105

11/04/2014

Date

September 2013

Report

 December 1, 2014
 (Exhibit #15)

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

County Name Brown

Report for (Month/Year) 11/2014

or

Amendment of the Report for (Month/Year)

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	1.	\$4,813.00	
Prescription Drugs	2.	\$8,238.82	
Hospital, Inpatient Services	3.	\$0.00	
Hospital, Outpatient Services	4.	\$0.00	
Laboratory/X-Ray Services	5.	\$1,216.28	
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. \$14,268.10
Reimbursements Received (Do not include State Assistance.)	13.	(\$29,909.43)	
6% Eligibility System Review Findings (\$ in error)	14.	(\$0.00)	
Total to be Deducted (Add #13 + #14.)			15. (\$29,909.43)
Applied to State Assistance Eligibility/Reimbursement (#12 minus #15)			16. \$-15,641.33

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31)	\$	<u>-16,837.80</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

11/30/2014

Date