

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

 County Name Brown

Report for (Month/Year)

10/2015

or

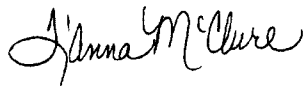
Amendment of the Report for (Month/Year)

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	1.	\$6,770.70	
Prescription Drugs	2.	\$539.94	
Hospital, Inpatient Services	3.	\$15,167.27	
Hospital, Outpatient Services	4.	\$82.70	
Laboratory/X-Ray Services	5.	\$2,292.61	
Skilled Nursing Facility Services	6.	\$0.00	
Family Planning Services	7.	\$0.00	
Rural Health Clinic Services	8.	\$67.88	
State Hospital Contracts	9.	\$0.00	
Optional Health Care Services	10.	\$980.58	
Amount of Intergovernmental Transfer	11.	\$0.00	
Total Expenditures (Add #1 through #11.)			12. \$25,901.68
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. \$25,901.68

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) \$	<u>25,901.68</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

10/16/2015

Date

September 2013

October 19, 2015
(Exhibit #5)