



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

County Name MORRIS

Report for (Month/Year) 06/2018

or

Amendment of the Report for (Month/Year)

**I. REIMBURSABLE EXPENDITURES during This Report Month**

Physician Services	1.	\$1,598.97	
Prescription Drugs	2.	\$3,879.22	
Hospital, Inpatient Services	3.	\$11,703.93	
Hospital, Outpatient Services	4.	\$1,322.59	
Laboratory/X-Ray Services	5.	\$1,781.22	
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	
<b>Total Expenditures</b> (Add #1 through #11.)			<b>12.</b> \$20,285.93
<b>Reimbursements Received</b> (Do not include State Assistance.)	<b>13.</b>	( \$0.00 )	
<b>6% Eligibility System Review Findings</b> (\$ in error)	<b>14.</b>	( )	
<b>Total to be Deducted</b> (Add #13 + #14.)			<b>15.</b> ( \$0.00 )
<b>Applied to State Assistance Eligibility/Reimbursement</b> (#12 minus #15)			<b>16.</b> \$20,285.93

**II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement**

<b>TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31)</b>	\$	<u>200,689.32</u>
<b>GRTL \$</b>	<u>3,240,670.00</u>	
	<b>4% of GRTL \$</b>	<u>129,626.80</u>
	<b>6% of GRTL \$</b>	<u>194,440.20</u>
	<b>8% of GRTL \$</b>	<u>259,253.60</u>

*Sherry Ray*

Signature of Person Submitting Form 105

07/02/2018

Date