

**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	
Total Expenditures (Add #1 through #11.)	12.	\$20,285.93	
Reimbursements Received (Do not include State Assistance.)	13. (\$0.00)	
6% Eligibility System Review Findings (\$ in error)	14. ()	
Total to be Deducted (Add #13 + #14.)	15. (\$0.00)	
Applied to State Assistance	16.	\$20,285.93	
Eligibility/Reimbursement (#12 minus #15)			

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

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



Signature of Person Submitting Form 105

07/02/2018

Date

September 2013