



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

County Name MORRIS

Report for (Month/Year) 07/2018

or

Amendment of the Report for (Month/Year)

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	1.	\$1,264.92	
Prescription Drugs	2.	\$3,494.54	
Hospital, Inpatient Services	3.	\$0.00	
Hospital, Outpatient Services	4.	\$2,245.51	
Laboratory/X-Ray Services	5.	\$456.37	
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. \$7,461.34
Reimbursements Received (Do not include State Assistance.)	13.	(\$1,088.00)	
6% Eligibility System Review Findings (\$ in error)	14.	()	
Total to be Deducted (Add #13 + #14.)			15. (\$1,088.00)
Applied to State Assistance Eligibility/Reimbursement (#12 minus #15)			16. \$6,373.34

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31)	\$	<u>207,062.66</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>

Sherry Ray

Signature of Person Submitting Form 105

07/31/2018

Date