



County Indigent Health Care Program (CIHCP)
Monthly Financial Report

County Name: Rains Co. Indigent Health Report for (Month/Year): October 2025
or
Amendment of the Report for (Month/Year): _____

I. Reimbursable Expenditures During This Report Month

Physician Services	1.	\$3,202.61	
Prescription Drugs	2.	\$3,120.44	
Hospital, Inpatient Services	3.	\$0.00	
Hospital, Outpatient Services	4.	\$1,278.02	
Laboratory/X-Ray Services	5.	\$369.17	
Skilled Nursing Facility Services	6.	\$0.00	
Family Planning Services	7.	\$0.00	
Rural Health Clinic Services	8.	\$0.00	
State Hospital Contracts	9.		
Optional Health Care Services	10.	\$0.00	
Amount of Intergovernmental Transfer	11.	\$0.00	
Total Expenditures (Add #1 through #11.)			12. \$7,970.24
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 Eligibility/Reimbursement (#12 minus #15)			16. \$7,970.24

II. Expenditure Tracking for State Assistance Funds Eligibility/Reimbursement

Total Expenditures for Current State Fiscal Year (9/1 - 8/31):	32,397.10
General Revenue Tax Levy GRTL:	
4% of GRTL:	0.00
6% of GRTL:	0.00
8% of GRTL:	0.00

Kari Bergmire
Signature of Person Submitting Form 105

11/06/2025
Date