



County Indigent Health Care Program (CIHCP)  
**Monthly Financial Report**

County Name: Rains Co. Indigent Health Report for (Month/Year): November 2025

or  
Amendment of the Report for (Month/Year): \_\_\_\_\_

**I. Reimbursable Expenditures During This Report Month**

Physician Services	1.	\$3,215.49	
Prescription Drugs	2.	\$1,782.93	
Hospital, Inpatient Services	3.	\$0.00	
Hospital, Outpatient Services	4.	\$4,225.79	
Laboratory/X-Ray Services	5.	\$0.00	
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	
<b>Total Expenditures</b> (Add #1 through #11.)			<b>12.</b> \$9,224.21
<b>Reimbursements Received</b> (Do not include State Assistance.)	13.	\$0.00	
<b>6% Eligibility System Review Findings</b> (\$ in error)	14.		
<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> \$9,224.21

**II. Expenditure Tracking for State Assistance Funds Eligibility/Reimbursement**

<b>Total Expenditures</b> for Current State Fiscal Year (9/1 - 8/31):	41,621.31
<b>General Revenue Tax Levy GRTL:</b>	
4% of GRTL:	0.00
6% of GRTL:	0.00
8% of GRTL:	0.00

Kaci Bergin  
Signature of Person Submitting Form 105

12/05/2025  
Date