



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

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

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

Physician Services	1.	\$1,821.23	
Prescription Drugs	2.	\$2,976.81	
Hospital, Inpatient Services	3.	\$0.00	
Hospital, Outpatient Services	4.	\$1,032.85	
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. \$5,830.89</b>
Reimbursements Received (Do not include State Assistance.)	13.	\$0.00	
6% Eligibility System Review Findings (\$ in error)	14.		
<b>Total to be Deducted</b> (Add #13 + #14.)			<b>15. \$0.00</b>
<b>Applied to State Assistance Eligibility/Reimbursement</b> (#12 minus #15)			<b>16. \$5,830.89</b>

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

<b>Total Expenditures</b> for Current State Fiscal Year (9/1 - 8/31):	47,758.41
<b>General Revenue Tax Levy GRTL:</b>	
4% of GRTL:	0.00
6% of GRTL:	0.00
8% of GRTL:	0.00

*Raci Berryhill*

Signature of Person Submitting Form 105

01/07/2026

Date