TEXAS
Health and Human Services

Form 3072
January 2020-E

County Indigent Health Care Program (CIHCP)

Monthly Financial Report

County Name: Rains Co. Indigent Health **Report for (Month/Year):** July 2026

or

Amendment of the Report for (Month/Year): _____

I. Reimbursable Expenditures During This Report Month

Physician Services	**1.**	$16,215.92		
Prescription Drugs	**2.**	$5,285.32		
Hospital, Inpatient Services	**3.**	$7,699.25		
Hospital, Outpatient Services	**4.**	$3,900.21		
Laboratory/X-Ray Services	**5.**	$416.89		
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.**	$33,517.59
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.**	$33,517.59

II. Expenditure Tracking for State Assistance Funds Eligibility/Reimbursement

Total Expenditures for Current State Fiscal Year (9/1 - 8/31):	135,730.66
General Revenue Tax Levy GRTL:	
4% of GRTL:	0.00
6% of GRTL:	0.00
8% of GRTL:	0.00

Diana Woolf
Signature of Person Submitting Form 105

07/31/2026
Date