

Provider Agency Name & Address
 18255 Homestead Ave
 33157
 Contract Name:2024_2025 FDOH Miami-Dade County Patient Care-Consortia

Florida Department of Health
 Expenditure/Invoice Report
 Program Name: Patient Care-Consortia
 Area Name:AREA 11A
 Month FEB
 Year: 2024-2025

Contract Services	Expended Month	# of Clients	Units of Service	Approved Budget	Expended This Month	Expended To YTD	Rate of Expend
Administrative Services	FEB	0	0	\$125,294.00	\$8,664.57	\$110,334.15	88
Clinical Quality Management	FEB	0	0	\$82,071.00	\$1,890.77	\$17,759.42	22
Emergency Financial Assistance	FEB	97	202	\$912,456.00	\$0.00	\$398,527.68	44
Medical Case Management (including treatment adherence)	FEB	57	9300	\$111,527.00	\$0.00	\$95,789.25	86
Mental Health Services - Outpatient	FEB	17	62	\$25,000.00	\$0.00	\$21,645.00	87
Non-Medical Case Management Services	FEB	22	22	\$184,024.00	\$0.00	\$112,810.82	61
Planning and Evaluation	FEB	0	0	\$36,471.00	\$3,112.42	\$19,217.25	53
Referral for Health Care/Supportive Services	FEB	308	308	\$203,006.00	\$0.00	\$142,205.64	70

TOTALS		501	9894	\$ 1,679,849.00	\$ 13,667.76	\$ 918,289.21	54.66498536
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ADVANCE(S) INFORMATION:		Total Contract Amount	\$ 1,679,849.00
Total Advances	\$0.00	Minus Expended Y-T-D	\$ 918,289.21
Previous Advances	\$0.00	Minus UNPAID Advances	\$0.00
Current Advances	\$0.00	Balance To Draw	\$ 761,559.79
Remaining Advances	0		

Total Expended This Month \$ 13,667.76
 Less Advance Payback This period \$0.00

AMOUNT OF FUNDS REQUESTED THIS REPORT \$ 13,667.76

I certify that the above report is true, accurate and correct reflection of the activities this period; and the expenditure reported are made only for items which are allowable and directly related to the purpose of this referenced contract

 Signature & Title of Provider Agency Official Date

 Contractor Manager Signature Date

 Contract Manager's Supervisor Signature Date