

Florida Department of Health
Expenditure/Invoice Report
Program Name: Patient Care-Consortia
Area Name: AREA 11A
Month: March
Year: 2025-2026

Provider Agency Name: FDOH Miami-Dade County
Contract Name: 2025_2026 FDOH Miami-Dade County Patient Care-Consortia

Contract Service	No. of Clients Served	Units of Service	Approved Budget	Expended this Month	Expended to date	Balance
Administrative Services	0	0	\$145280.20	\$10498.37	\$103889.09	\$41391.11
Clinical Quality Management	0	0	\$69025.00	\$5242.45	\$50740.36	\$18284.64
Planning and Evaluation	0	0	\$41465.00	\$3490.75	\$36687.98	\$4777.02
Medical Case Management (including treatment adherence)	91	13035	\$131527.00	\$14990.25	\$129064.50	\$2462.50
Emergency Financial Assistance	94	172	\$918926.80	\$28530.10	\$360689.73	\$558237.07
Non-Medical Case Management Services	7	7	\$157065.00	\$33847.79	\$137893.44	\$19171.56
Referral for Health Care/Supportive Services	270	270	\$216560.00	\$52970.63	\$215351.30	\$1208.70

	This Month	Year To Date
Total Expended:	\$ 149570.34	\$ 1034316.40

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

Ernesto Rodriguez

Signature of Provider Agency Official
Date : 04-24-2026