

Florida Department of Health
Expenditure/Invoice Report
Program Name: Patient Care-Consortia

Area Name: AREA 11A

Month: June

Year: 2026-2027

Provider Agency Name: FDOH Miami-Dade County

Contract Name: 2026_2027 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	\$120446.00	\$11384.02	\$25200.91	\$95245.09
Clinical Quality Management	0	0	\$45000.00	\$2688.00	\$7178.75	\$37821.25
Planning and Evaluation	0	0	\$5104.00	\$643.12	\$1359.57	\$3744.43
Medical Case Management (including treatment adherence)	64	8250	\$127502.00	\$9487.50	\$39088.50	\$88413.50
Mental Health Services - Outpatient	27	96	\$25000.00	\$3120.00	\$7345.00	\$17655.00
Emergency Financial Assistance	85	132	\$1223431.00	\$44051.37	\$110071.45	\$1113359.55
Non-Medical Case Management Services	10	10	\$133366.00	\$15615.62	\$28149.58	\$105216.42

This Month			Year To Date		
Total Expended:	\$	86989.63	\$	218393.76	

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 : 07-17-2026