Florida Department of Health
Expenditure/Invoice Report
Program Name: Patient Care-Consortia
Area Name: AREA 11A
Month: September
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	$9730.40	$49852.57	$70593.43
Clinical Quality Management	0	0	$45000.00	$0.00	$11669.50	$33330.50
Planning and Evaluation	0	0	$5104.00	$590.50	$2726.09	$2377.91
Medical Case Management (including treatment adherence)	64	5175	$127502.00	$5882.25	$63445.50	$64056.50
Mental Health Services - Outpatient	22	81	$25000.00	$2632.50	$15600.00	$9400.00
Emergency Financial Assistance	151	285	$1223431.00	$21963.98	$214808.12	$1008622.88
Non-Medical Case Management Services	6	6	$133366.00	$18481.32	$59821.04	$73544.96

	This Month	Year To Date
Total Expended:	$ 59280.95	$ 417922.82

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 : 10-20-2026