

MEDICAL EXPENSES PAID/INCURRED BY A PUBLIC PROGRAM

TO: DSS _____
 Address _____

Re: Name _____
 Address _____

SS # or CIN: _____

Section 1902(a)(17) of the Social Security Act permits incurred medical or remedial care expenses paid by certain public programs to be applied toward the spenddown amount of a Medical Assistance applicant/recipient. The following is a description of the medical services provided to the above named individual during the period _____.

Description of Medical Service	Provider Name	Date of Service	Original Bill Amt	Health Insurance Payment	Client Payment	Actual Amt * Incurred by Public Program

* This amount is to be applied to the spenddown of the above named recipient.

Comments: _____

I hereby certify that the care, services and supplies itemized have in fact been furnished; that such records as are necessary to disclose fully the extent of care, services and supplies provided to the above-named individual will be kept, and information will be furnished regarding the care, services and supplies itemized as the local social services agency or the State Department of Social Services may request; and that the undersigned understands that any false claims, statements, or documents or concealment of a material fact may be prosecuted under applicable Federal and State laws.

Public Program: _____ Phone #: _____

Address: _____

Representative's Signature: _____ Date: _____

