RECORD OF MEDICAL EXPENSES APPLIED TO THE DEDUCTIBLE

1. CASEHEAD _____ 2. CO.CASE# _____ 3. CASE ID# _____

4. 6 MONTH MAABD/MAF CERTIFICATION PERIOD _____ 8. SSA# _____

5. MAABD/MAF AUTHORIZATION PERIOD _____

6. MOB CERTIFICATION PERIOD _____ 9. DATE OF TERM./DENIA... _____

7. MOB/BUY-IN DATE _____ REASON _____

10. GROSS EARNED INCOME OF

11. GROSS UNEARNED INCOME OF BUDGET UNIT:

12 DED. AMOUNT

Record medical expenses in the order in which they are incurred:

13. BU MEMBER	14. DATE OF SERVICE	15. DATE OF LAST PAYMENT	16. PROVIDER	17. AMOUNT CHARGED	18. TPR/ MEDICARE PAYMENT	19. CLIENT RESP	20. AMOUNT APPLIED TO DED.	21. DED. BALANCE	22. VERIFICATION

DHB-5036 (12/22)
PS-0041

☐ COPY SENT TO FOOD STAMP UNIT WHEN DEDUCTIBLE MET: _____
DATE SENT

Record last deductible balance from previous page:

13. BU MEMBER	14. DATE OF SERVICE	15. DATE OF LAST PAYMENT	16. PROVIDER	17. AMOUNT CHARGED	18. TPR/ MEDICARE PAYMENT	19. CLIENT RESP	20. AMOUNT APPLIED TO OED.	21. OED. BALANCE	22. VERIFICATION