

RECORD OF MEDICAL EXPENSES APPLIED TO THE DEDUCTIBLE

1. CASE HEAD _____ 2. CO. CASE # _____ 3. CASE ID # _____
4. 6 MONTH MAABD/MAF CERTIFICATION PERIOD _____ 8. SSA # _____
5. MAABD/MAF AUTHORIZATION PERIOD _____
6. MQB CERTIFICATION PERIOD _____ 9. DATE OF TERM./DENIAL _____
7. MQB/BUY-IN DATE _____ REASON _____

10. GROSS EARNED INCOME OF BUDGET UNIT: _____

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

