

## MEDICAID PROGRAM

### Request for Incurred Medical Expense Deduction

Complete and sign this form and return it with the incurred medical expense bill. The bill must contain the individual's name, service date, charge, and a detailed description of the service(s) or item provided. The deduction may not begin before the month that the expense is incurred by the patient.

Enrollee's Name	Enrollee's Social Security Number
Date of Service/Purchase	Facility Name
Item or Service	
For a prescription medication not covered by Medicare or Medicaid, is there an equivalent alternative medication the attending physician can prescribe for the next refill? Yes <input type="checkbox"/> No <input type="checkbox"/>	
For replacement denture, why is the original denture unserviceable?	
For replacement eyeglasses, <b>attach a copy of the prescription.</b> Why are the original eyeglasses unserviceable?	
For hearing aid(s), <b>attach a copy of the prescription</b> (which is not more than 6 months old) and a report that documents the degree and type of hearing loss. Include the audiogram and all other test results as well as any other pertinent information to substantiate the need for a hearing aid.  For replacement hearing aid(s), why is the original hearing aid unserviceable?	
<b>To the patient's attending physician, practitioner, or other type of service provider:</b>  Your certification that the service or item is/was medically necessary is required before the DHH can allow the deduction from the enrollee's income.  Name of Medical Professional (Print) _____  Signature _____ Date _____	