Form No. 205OTC
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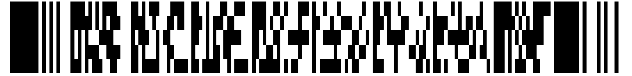
For Office Use Only:
☐ Contact ID ☐ SR#: ________________



Medicaid Out-of-Pocket Medical Expenses

Name: ________________________________ Date of birth: ______________ SSN (last 4 digits): XXX-XX- ___ ___ ___ ___

For **Medicaid** applicants – Report here money spent out-of-pocket every month on medical items for you and members of your household. These expenses may count as a deduction from household income and can be used to meet an income spend down and grant Medicaid eligibility.

I. Health Care Insurance Premiums, Co-pays, Deductibles, including those for Medicare and Medicaid that you pay out-of-pocket. Please provide a copy of the premium showing cost and period covered.

Policy or type of coverage	Premium/Co-pay	Period covered

II. Health Care Services – Provide a copy of your bill from the provider. Include current bills, bills you are paying on, and unpaid bills. Medical services would include services from the following:

- Physician
- Dentist
- Hospital care
- Nursing care
- Mental health professional
- Rehabilitation

Provider of service	Cost or monthly payment	Balance on bill

III. Other Medical Expenses – Out-of-pocket costs related to a service animal, as well as costs for medically necessary services due to age or disability, such as employing a home health aide or personal services attendant.

Type of service	Cost and frequency (weekly, monthly)

IV. Prescription copays: To have these expenses considered, please provide a printout from your pharmacy or pharmacy receipts.

V. Over-the-Counter Medications, Equipment, and Supplies *approved by a health care professional* – List items such as (but not limited to) the examples listed below:

- Eyeglasses
- Hearing aids
- Medical batteries
- Eye/Ear drops
- Pain relievers
- Cold medicine
- Vitamins
- Nasal sprays
- Antacids
- Laxatives
- Sleeping aids
- Denture supplies
- Bladder control pads and/or garments
- Medical Lifeline services
- Anti-diarrhea medicine
- Skin lotions

Medication or item	Dose (number of pills per day, tubes per month, etc.)	Cost and quantity (Cost of item and number in bottle)