Medicaid Spend-Down Record/Transportation Log



205SD-LOG

HOH Date of birth:	HOH Social Security	/ #:		
Name of Worker:		District:		
The spend-down works like a deduction of date that you meet your spend-down. The can be for any family member, not just the	nis form helps you keep track of yo			
Some of the things that you can list on thi	s log are:			
Over-the-counter medical expense you pay for.	es such as aspirin, antacids, laxative	es, non-covered	diabetic supplies, etc. that	
Unpaid medical bills you still owe, may use very old bills as long as yo within the last 60 days. The medic	ou are still being billed for the charg	ge. You must en	close a copy of the bill dated	
Payments you have made on any r	medical bills since the beginning of	your current sp	end-down period.	
Medically necessary personal care for the forms required for this ded		al Community C	are Home, ask your worker	
Prescription co-payments you have	e paid since the beginning of your o	current spend-de	own period.	
f you are not sure an item may be used to determine whether we can use it.	owards your spend-down, you shou	uld still list it on	the log. Your worker will	
Name	Spend-Down Amount		Time Period	
	\$	From:	То:	
	\$	From:	То:	
	\$	From:	То:	
	\$	From:	То:	

Please log your spend-down on the back of this form.

*	Spend-Down Log – List any items that may be used towards your spend-down. Your worker will determine whether we can use it.							
	Name of family member	Date service	Name of service provider (doctor,	Type of service (office	Billed to	Bill A	nount	
	who received service	given (not the date of bill)	hospital, pharmacy, etc.	visit, prescription, out- patient, x-ray, etc.)	insurance or Medicare?		After insurance	
	(Example) Jane Doe	05/29/2014	Dr. Jones at Fletcher Allen Hospital	Check-up	⊠ Yes □ No	\$ 100	\$ 50	
					☐ Yes ☐ No	\$	\$	

		☐ Yes ☐ No	\$ \$
		☐ Yes ☐ No	\$ \$
		☐ Yes ☐ No	\$ \$
		☐ Yes ☐ No	\$ \$
		☐ Yes ☐ No	\$ \$

* Medical Transportation Log – Please fill in this log if you use your own vehicle or pay someone else to take you to your medical provider for service.

Name	Date	Travel from	Travel to	Reason	Used own car (check if yes)	Paid someone else (enter \$ amount)
(Example) Jane Doe	05/29/2014	Waterbury	Burlington	Appointment with Dr. Jones		\$ 20
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$

As soon as you think you have met your spend-down (or more than the lowest spend-down amount), send this log with the itemized bills to your worker. Your worker will determine whether or not anyone is eligible for Medicaid, and if not, will calculate the remaining spend-down amount. If your household size or income changes during your spend-down period, be sure to notify your worker as the change could affect your spend-down.

☐ Yes ☐ No \$

☐Yes ☐No \$

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