RECORD OF MEDICAL EXPENSES APPLIED TO THE DEDUCTIBLE

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

DMA-5036 (10/91)
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 DED.	21. DED. BALANCE	22. VERIFICATION