Clear

UNCOVERED MEDICAL EXPENSE WORKSHEET

Client Name: _____ Application Mo/Yr:_____ Date:_____

Case Number:_____

Go To Page 2 Go To Page 3

Use this form at APPLICATION in programs where an uncovered medical expense deduction must be determined.

I. Health Insurance Premiums and Medical Expenses Recurring Monthly and Expected To Continue.

a. Month	Types of Expenses & Amounts	**b.** Total Monthly Amount
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____

c. Total Monthly Expenses: $_____ / 3 = _____

II. Fluctuating Recurring Medical Expenses. (Expenses that do not recur monthly, but are anticipated to recur within six months after application disposition month.)

d. First Month:_____

Date	Item/Service	Amount
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____

Total First Month = $_____

e. Second Month:_____

Date	Item/Service	Amount
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____

Total Second Month = $_____

f. Third Month:_____

Date	Item/Service	Amount
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____

Total Third Month = $_____

g. Add the Total Incurred Medical Expenses for Months One, Two, Three ..... $_____ Go To Page 2

h. Divide the total incurred medical expenses in **"g"** by the number of months in the projection period**..... $_____ / 3 = _____

i. Add "**c**" and "**h**" to get the monthly deductible amount ..... Total: **$**_____

*** If fewer than 3 recurring months of recurring expenses, divide by the correct number of months, for example 2 or 1.**

******Projection period is comprised of the first month of on-going eligibility through the sixth month following the disposition date.

UNCOVERED MEDICAL EXPENSE WORKSHEET

Client Name:_____ ☐ Partial or Semi-annual review Date:_____

Case Number:_____ ☐ Annual review

Use this form for REVIEWS (partials, semi-annual, and annual) in programs where uncovered medical expense deductions must be determined.

Go Back To Page One Go To Page 3

I. Actual Health Insurance Premiums and Medical Expenses That Recur Monthly.

a. Month	Types of Expenses & Amounts	**b.** Total Monthly Amount
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____

Will these expenses continue to recur? ☐ Yes ☐ No **c.** Total Monthly Expenses: $_____

II. Actual Fluctuating Medical Expenses. (Expense that do not recur monthly, but were incurred during the previous projection period and are anticipated to recur within the next six months.)

a. First Month:_____

Date	Item/Service	Amount
_____	_____	$_____
_____	_____	$_____
	Total First Month =	$_____

b. Second Month:_____

Date	Item/Service	Amount
_____	_____	$_____
_____	_____	$_____
	Total Second Month =	$_____

c. Third Month:_____

Date	Item/Service	Amount
_____	_____	$_____
_____	_____	$_____
	Total Third Month =	$_____

d. Fourth Month:_____

Date	Item/Service	Amount
_____	_____	$_____
_____	_____	$_____
	Total Fourth Month =	$_____

Go To Page 3

Go Back To Bottom of Page 2 Go Back To Middle of Page 2 Go Back To Page One

e. Fifth Month:_____

Date	Item/Service	Amount
_____	_____	$_____
_____	_____	$_____
	Total Fifth Month =	$_____

f. Sixth Month:_____

Date	Item/Service	Amount
_____	_____	$_____
_____	_____	$_____
	Total Sixth Month =	$_____

Will these expenses continue to recur? ☐ Yes ☐ No **g.** Total for months 1-6: $_____

III. Reconciliation:

a. Total projected recurring expenses for this period (see previous form).....$_____

b. Total actual recurring expenses incurred during this period* (from Ic, and IIg) –$_____

c. Check one (if applicable): ☐ Overstated or ☐ Understated amount .....$_____

Reconcile? ☐ Yes ☐ No

* Use the total for the actual months in the period for which expenses were projected, if the period was not exactly 6 months.

IV. List any "one time" expenses incurred during the previous six months, but not expected to recur (for example, dentures, hearing aids, eye glasses).

Month	Medical Services/Items	Amount

TOTAL "One-Time" Expenses: $_____

V. Medical Expense Deduction.

A. Total Actual Health Insurance Premiums and Medical Expenses Recurring Monthly and Expected to Recur (from Ic):.....$_____

B. Total Fluctuating Medical Expenses Expected to Recur (from IIg):.....$_____

C. Subtotal:.....$_____

D. Add Understated amount (from IIIc above) (+):.....$_____

or Subtract Overstated amount (from IIIc above) (–):.....$_____

E. Subtotal:..... Go Back To Page One .....$ 0.00

F. Add Non-recurring ("one-time") Expense(s) (from IV above): .....$_____

Total: $ 0.00
divided by 6

= the amount of monthly medical expenses to use in next projection period: $ 0.00