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|  | ECONOMIC SERVICES ADMINISTRATION (ESA)  COMMUNITY SERVICES DIVISION (CSD)  **Medical Expense Examples** |
| Below are types of medical expenses that may be used to meet your spenddown.  **Please note:** We can only use bills **after** Medicare Part A/B/D, the Medicare Savings Program (MSP), or other insurers have paid their portion. If you’re on the Qualified Medicare Beneficiary (QMB) program, we can’t use bills covered by Medicare Part A/B.  **Examples of common medical expenses:**   1. If prescribed by a licensed provider (with proof) – over-the-counter medications and supplies. These may include:  * Vitamins, pain relievers and herbal supplements.  1. Hospital, clinics, or other services:  * Doctor, dental, vision care. * Approved in-home care services. * Mental health services or counseling, or community case management.  1. Transportation costs related to doctor visits, picking up prescriptions or medical supplies:  * Trips made in your personal vehicle. * Parking or toll fees, fares for Dial a Lift, bus, ferry, taxi, or ride sharing (Uber, Lyft, etc.). * Lodging costs when away from home for medical treatment.  1. Service animal expenses such as food and veterinary care. 2. Medical equipment such as mobility aids, rehabilitative aids, prosthetic / orthotic devices and Electronic Emergency Response Systems (EERS). 3. Medically needed improvements to the home to accommodate a person with blindness or disability. 4. Out of state billing for medical services recognized under Washington state law.   **Please see next page for further instructions.** | |
| **Proof of your medical expenses need to include:**   1. Hospital, doctor, or other provider bills. Statements **must include** all of the following:  * Patient’s name; * All pages sent with the statement; * Provider’s contact information; * Statement date within the current base period; * Date(s) of service and total charges and/or cost of care; * Payments made by third parties (Medicare, MSP, or other insurance); and * Final balance owed by patient.  1. Prescription(s). Proof **must include** all of the following:  * Patient’s name, pharmacy name; * Medication name and prescription number; * Payments by third parties (Medicare Part D or other); and * Final balance owed by patient.   **Examples of how you can show proof:**   * A register receipt **and** pharmacy receipt; **or** * Prescription summary with pharmacist’s signature; or * Medicare Part D Summary  1. Transportation costs with date(s) of travel:  * Mileage log – see the Mileage Log Sample on the next page. * Receipts for fees or fares, such as parking, bus fares, etc. | |

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| **Mileage Log Sample** | | | | |
| DATE | PROVIDER’S NAME | PROVIDER’S ADDRESS | ROUND TRIP IN MILES | PARKING FEE (ADD RECEIPT) |
| **Example 1: 01/03/2020** | **Harborview** | **325 9th Ave., Seattle** | **15** | **$20** |
| **Example 1: 01/05/2020** | **Walmart Pharmacy** | **1000 Greenlake, Seattle** | **20** |  |
| **Mileage Log** | | | | |
| DATE | PROVIDER’S NAME | PROVIDER’S ADDRESS | ROUND TRIP IN MILES | PARKING FEE (ADD RECEIPT) |
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