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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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