MEDICAID DEDUCTIBLE WORKSHEET

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

Worker Name/Number		
Date Deductible Determined	Total Deductible Amount	Date Deductible Met
Case Name (Last, First, MI)		Social Security Number

Person Receiving Care	Provider Name and Address	Date Care Received	Client Obligation	Other Allowable Costs	Remaining Deductible

Reset Form