Clear Form Data
FILLABLE FORM

Minnesota Department of **Human Services**

DHS-1829-ENG 8-09

Minnesota Health Care Programs (MHCP)

Spenddown Worksheet

☒ Medical Assistance (MA) ☐ Monthly spenddown ☒ 6-month spenddown

CASE NAME	CASE NUMBER	SPENDDOWN FOR	SPENDDOWN PERIOD
Neleh Jones		Pascal	FROM 3rd retro month TO: Current month + 2

H Bills (Non-Reimbursed Health Insurance)

Bill Type	Date MM DD YY	Insurance Company	Premium Amount	Cumulative Total
H				
H				
			Total H Bills	

M & P Bills (Non-Reimbursed Health Care Expenses Applied to First Day of Spenddown)

Bill Type	Date MM DD YY	Provider Name	Client Name	Gross Bill	Third Party Payment	Net Bill	Cumulative Total
M	6 mos ago	Mayo Clinic	Pascal	$460.00	– $0.00	= $460.00	$460.00
M	6 mos ago	Pharmacy	Pascal	$185.00	– $70.00	= $115.00	$575.00
M	6 mos ago	Lab	Pascal	$200.00	–	= $200.00	$775.00
M	5 mos ago	Dentist	Vesepia	$60.00	–	= $60.00	$835.00
M	5 mos ago	Pharmacy	Vesepia	$140.00	–	= $140.00	$975.00
M	4 mos ago	Clinic	Neleh	$90.00	–	= $90.00	$1,065.00
M	4 mos ago	Lab	Neleh	$142.00	–	= $142.00	$1,207.00
						Total H, M and P Bills	$1,207.00

R Bills (Day-by-Day Chronological Order of Reimbursable Health Care Expenses)

Bill Type	Date MM DD YY	Provider Name	Client Name	Gross Bill	Third Party Payment	Net Bill	Cumulative Total
R	3 mos ago	Hospital	Neleh	$2,250.00	–	= $2,250.00	$3,457.00
R	2 mos ago	ER	Pascal	$450.00	–	= $450.00	$3,907.00
R					–	=	
R					–	=	
R					–	=	
R					–	=	
R					–	=	
						Total H, M, P and R Bills	$3,907.00

A. $ $1815.00 **Stop when cumulative total is equal to or greater than the spenddown**

B. $ $1,207.00 Total expenses (truncate) incurred prior to 1st day of 3rd retro month (SATISFACTION DATE)

C. $ $608.00 Recipient amount (Line A – Line B) Pascal will need to pay $608 of the hospital bill. All M bills used.

All M bills remain the household's responsibility; any unpaid M bills (that have not already been used to meet a spenddown) can be used to meet a future spenddown.

You are responsible for:

1. All medical bills from 6 months ago through 3 months ago (DAY BEFORE SATISFACTION DATE), and
2. $ $608.00 (RECIPIENT AMOUNT) of medical bills on 1st day of 3rd retro month (SATISFACTION DATE).

Your Explanation of Medical Benefits notice will show who you owe.

Note: Document used/unused portion on bill copies and in case notes. Re-verify unused portion when calculating future spenddowns.

Rev. 06/07/2012