

**CNS Paragraph Form**

Date: 03.18.04

**Program Area**            03            (01=PA, 02=FS, 03=MA, 04=HP)  
**Paragraph Number**    S0001  
**Version Number**        00003  
**Effective Date**        2004        (YYMMDD)  
**Title**                    **Informational Letter SD Met Bills & Receipts**  
**Comment**  
**Reason Code**            T01

**INFORMATIONAL LETTER-SPENDDOWN MET**

Name            Client I.D. #  
Name            #  
Name            #

This is to inform you that you have met your excess income liability and are being provided coverage as follows:

**INSTRUCTION**

**CHOOSE ONE OF THE FOLLOWING MESSAGES:**

**MESSAGE 1**

You have submitted medical bills/receipts totaling \$\_\_\_\_\_. These were used to meet your excess income liability for the period from \_\_\_\_\_ to \_\_\_\_\_. Outpatient coverage has been authorized for this period.

**MESSAGE 1A (USE WITH MESSAGE 1 WHEN APPROPRIATE)**

A credit of \$\_\_\_\_\_ is being applied toward the month of \_\_\_\_\_.

**MESSAGE 2**

You have submitted medical bills/receipts totaling \$\_\_\_\_\_. These were used to meet your excess income liability for the six-month period from \_\_\_\_\_ to \_\_\_\_\_. Coverage for both outpatient and inpatient care and services has been authorized for this period. Any additional medical expenses paid during this period cannot be used to provide any future coverage.

**MESSAGE 3**

You have submitted medical bills/receipts totaling \$\_\_\_\_\_ and have made a payment of \$\_\_\_\_\_ which combined meet your excess income liability for the period from \_\_\_\_\_ to \_\_\_\_\_. Outpatient coverage has been authorized for this period.

MESSAGE 4

You have submitted medical bills/receipts totaling \$\_\_\_\_\_ and have made a payment of \$\_\_\_\_\_ which combined meet your excess income liability for the six month period from \_\_\_\_\_ to \_\_\_\_\_. Coverage for both outpatient and inpatient care and services has been authorized for this period.

Choose One Of The Following:

Message 1  
S0020 (Community Coverage: No LTC)

Message 2  
S0021 (Community Coverage With Community-Based LTC)

Message 3  
None Of The Above

Use For All

If you submitted an unpaid bill to meet your liability, the Medical Assistance provider has been sent the attached letter to inform him/her of your responsibility for payment of this expense.

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CARTA INFORMATIVA--REQUISITOS DE INGRESOS EXCESIVOS CUMPLIDOS

Nombre	No. del I.D. del Cliente
Nombre	#
Nombre	#

La presente es para informarle que usted ha cumplido con su responsabilidad de ingresos excesivos, y se le esta proveyendo cobertura de la siguiente manera:

INSTRUCTION

CHOOSE ONE OF THE FOLLOWING MESSAGES

MESSAGE 1

Usted ha sometido facturas/recibos medicos que suman \$\_\_\_\_\_. Estos se utilizaron para cumplir con su responsabilidad de ingresos excesivos por el periodo de \_\_\_\_\_ a \_\_\_\_\_. La cobertura como paciente externo ha sido autorizada para este periodo.

MESSAGE 1A (USE WITH MESSAGE 1 WHEN APPROPRIATE)

Un credito de \$\_\_\_\_\_ se esta aplicando hacia el mes de \_\_\_\_\_.

MESSAGE 2

Usted ha sometido facturas/recibos medicos que suman \$\_\_\_\_\_. Estos fueron utilizados para cumplir con su responsabilidad de ingresos excesivos por el periodo de seis meses desde \_\_\_\_\_ a \_\_\_\_\_. Cobertura para todos los beneficios (como paciente externo e interno) ha sido autorizada para este periodo. Cualquier gasto medico adicional pagado durante este periodo no puede usarse para proveer cualquier cobertura futura.

MESSAGE 3

Usted ha sometido facturas/recibos medicos que suman \$\_\_\_\_\_ y ha hecho un pago de \$\_\_\_\_\_ que combinados satisfacen su responsabilidad de ingresos excesivos por el periodo de \_\_\_\_\_ a \_\_\_\_\_. La cobertura como paciente externo ha sido autorizada para este periodo.

MESSAGE 4

Usted ha sometido facturas/recibos medicos que suman \$\_\_\_\_\_ y ha hecho un pago de \$\_\_\_\_\_ que combinados satisfacen su responsabilidad de ingresos excesivos por el periodo de seis meses desde \_\_\_\_\_ a \_\_\_\_\_. La cobertura de todos los beneficios (como paciente externo e interno) ha sido autorizada para este periodo.

Choose One Of The Following:

Message 1  
S0020 (Community Coverage: No LTC)

Message 2  
S0021 (Community Coverage WITH Community-Based LTC)

Message 3  
None Of The Above

Use For All

Si usted ha sometido una factura sin pagar para cumplir con su responsabilidad, se le ha enviado al proveedor(a) de Asistencia Medica una carta adjunta para informarle sobre su responsabilidad de pago de este gasto.