COUNTY MEDICAL SERVICES PROGRAM
NOTICE TO PROVIDERS
Use of Medical Expenses to Reduce Excess Property

_____
Provider's Name

_____
Address

_____
City, State, Zip Code

Dear _____
(Provider's Name)

This is to provide you with notification that the County Medical Services Program is not liable for services provided:

To: _____
(Name of Beneficiary)

On: _____, totaling $_____
(Date of Service)
On: _____, totaling $_____
(Date of Service)
On: _____, totaling $_____
(Date of Service)

The expenses indicated above were used by the beneficiary to reduce the value of excess property to establish or maintain CMSP eligibility for the month of _____ 20 _____. Under Section 7-030, CMSP Eligibility Manual, the beneficiary is not entitled to a refund or release of his/her liability for these expenses. (CMSP is not liable for these medical expenses.) None of these expenses used by the beneficiary to reduce the value of his/her excess property, may be used to meet his/her share of cost.

_____ _____ _____
(Eligibility Worker) (Phone Number) (Date)

Permission to release information: I give my permission to the County Welfare Department to release this information to _____.
(Provider's name)

_____
(Applicant's signature)

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