310 N. Sixth Street
DeKalb, IL 60115
Phone: 815-758-2692
Fax: 815-758-4190
www.dekcohousing.com

MEDICAL EXPENSE VERIFICATION

Please print neatly in black or blue ink.
PLEASE READ CAREFULLY

I, _____, authorize the provider listed below to furnish the information requested to the Housing
(Print First and Last Name)
Authority of the County of DeKalb for support in housing program participation as required by HUD Regulations.

_____ _____ _____ _____
Date Signature Soc. Sec. Number Date of Birth

_____ _____
Provider Name **Provider Phone/Fax**

This Section to be completed by Provider

Medical Expense Verification

- The medical expense must not be covered by insurance, Medicare, or medical card.
- The expense will occur ***or*** is anticipated to occur in the coming 12 months.
- The balance due is being paid, or is anticipated to be paid, in full or in part to you, the provider on a consistent basis (monthly, quarterly, etc.) by the family.

For the Pharmacist

- Please indicate the approximate **out-of-pocket** prescription cost **per month** *not covered* by insurance, Medicare, or medical card: $_____.
- This medication is expected to remain the same during the next 12-month period. ❑ Yes ❑ No
- Please provide an annual printout if possible ❑ Yes ❑ No

For the Doctor:

To the best of your ability, please project the following:

- The number of office visits during the next 12-month period *not covered* by insurance, Medicare, or medical card _____.
- **Out-of-pocket** cost per visit: $_____
- Please provide an account statement covering the last year which shows the payments made by the family. ❑ Yes ❑ No
- Please provide any other projected approximate medical expenses for the next 12-month period (if applicable).

Representative Completing this Form:

Name / Provider / Title: _____

Email: _____ Phone: _____ Fax: _____

Signature: _____ Date: _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

☐ **Chelsea Bemis**
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☐ **Jess Saltz [A-J & EHV]**
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☐ **Lexy Moreland [K-Z & VASH]**
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☐ **Katy Kingren**
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☐ **Susan Capps [PH-SPC]**
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☐ **Jackie Hewitt**
Admissions Assistant
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Attempt #1 _____
Attempt #2 _____
Attempt #3 _____