Date: _____

To: _____
IM Worker

County: _____

From: _____
IME's Medically Needy Unit

Re: Action to be Taken: Recoupment

Client name: _____

Case Number: _____

❑   The above client requested a prescription from the pharmacy. The pharmacy submitted a point of sale for the prescription. The pharmacy notified us that the client did not pick up the prescription. The request to delete the expense for spenddown was received after the above client met spenddown.

❑   The client did not incur the following expense used to meet spenddown:

_____

_____

_____

_____

Please do a recoupment for the _____ certification period. Leave the amount of the overpayment blank. Indicate in the Comments section the certification period, the amount of the spenddown, and $ _____ (the expenses not incurred by the client). The amount recouped will be the expenses not incurred by the client, the spenddown amount, or the total Medicaid expenses paid for the certification period, whichever is least.

Thank you.

470-3739 (Rev. 7/05)