## Iowa Department of Health and Human Services Medical Assistance Debt Response

Pursuant to Iowa Code Section 249A.53(2)

Estate Recovery Program, PO Box 13110, Des Moines, Iowa 50310 Phone: (515) 246–9841, Toll-Free: (888) 513–5186, Fax: (515) 246–0155

**Instructions:** Please answer the questions below about the deceased Medicaid member and fax or send the form <u>and</u> any other documents requested back in the enclosed envelope within 30 days.

Name o	f Dec	eased:
--------	-------	--------

Date of Death:\_\_\_\_\_

List the Value of Assets of the Deceased at Time of Death			List Allowed Expenses of the Deceased							
Savings Account	For all accounts, send the first statement after date of death, which includes the name and address of the bank or institution and the account number.		\$	Court Costs or Other Costs of Administration Send an itemized list of any amounts listed as costs of administration			\$			
Checking Account			\$	Attorney Fees			\$			
Annuities/IPERS			\$	Executor Fees				\$		
Home and Real Estate		\$	Taxes or Debts Still Owed to the Federal or State Governments			\$				
Household Goods		\$	Medical Expenses of Last Illness				\$			
Vehicles		\$	Mortgage or Lien Against any Real Estate				\$			
Prepaid Burial Fund Amount			\$	Funeral and Burial Expenses			\$			
Enclose a statement of	f itemized expenses th	at includ	le the funeral home's na	ame and addre	ss. If the	services were guaranteed, inc	clude proof	from the	funeral home.	
Did the deceased have a life estate, or other interest in real estate, trusts, litigation, or any other assets, including any jointly held bank accounts or property, that are not		tion, ⁄	If yes, list the estimated value.	he Amount Paid or Still Owed to the Nursing Home			-			
			\$						_ \$	
already listed above, at the time of death? □ Yes □ No		:		Nursing H	ome Ao	ddress:				
If <b>Yes</b> , list type										
Total of all Assets			\$	Total of a	II Expe	enses			\$	
Total Assets - Total E										
If assets remain after expenses are paid, and there is no spouse, disabled child, or hardship waiver requested, please enclose a check or money order payable to: <b>Iowa HHS. Send a separate check, if there are any Medical Assistance Income Trust or Special Needs</b> <b>Trust funds listed below.</b> If <b>Total Assets</b> minus <b>Total Expenses</b> is <i>greater than</i> the medical assistance debt, do not send any funds at this time. Please request an updated amount of the debt that will be provided to you.										
or money order payable Trust funds listed bel this time. Please reque	e to: Iowa HHS. S ow. If Total Asse st an updated am	and th <b>end a</b> ts min ount of	here is no spouse, separate check, us Total Expense f the debt that will	disabled ch if there are is greater be provided	<b>any N</b> r <i>than</i> tl	ledical Assistance Inc he medical assistance of	ome Tru	ist or S	pecial Needs	
or money order payable <b>Trust funds listed bel</b> this time. Please reque <b>Trusts:</b> If the membe Trust) or Special Nee	e to: Iowa HHS. S ow. If Total Asse st an updated amore r had a Medical A ds Trust, send firs	and the and the and a the and a and	here is no spouse, separate check, us Total Expense f the debt that will nce Income Trust ( statement after da	disabled ch if there are s is greater be providec (Miller ate of	hild, or any N than th to you	ledical Assistance Inc he medical assistance of	ome Tru debt, do r	ist or S	pecial Needs	
or money order payable Trust funds listed bel this time. Please reque Trusts: If the membe	e to: Iowa HHS. S ow. If Total Asse st an updated amore r had a Medical A ds Trust, send firs the name and ad	and the end a ts min ount of ssistar t bank dress of	here is no spouse, separate check, us Total Expense f the debt that will nce Income Trust ( statement after da of the bank and th	disabled ch if there are is greater be provided (Miller ate of e	nild, or any M than th to you Medic	ledical Assistance Inc he medical assistance o ı.	ome Tru debt, do r	not sen	pecial Needs	
or money order payable <b>Trust funds listed bel</b> this time. Please reque <b>Trusts:</b> If the membe Trust) or Special Nee death, which includes account number. Add <b>Ple</b>	e to: Iowa HHS. S ow. If Total Asse st an updated amore r had a Medical As ds Trust, send firs the name and ad itional information	and the end a ts min ount of ssistar t bank dress about	here is no spouse, separate check, us Total Expense f the debt that will nee Income Trust ( statement after da of the bank and th trusts is enclosed	disabled ch <b>if there are</b> <b>is</b> is greater be provided (Miller ate of e I.	Medic	ledical Assistance Inc he medical assistance o l. al Assistance Income	ome Tru debt, do r Trust al status	st or S not sen \$	pecial Needs d any funds at	
or money order payable <b>Trust funds listed bel</b> this time. Please reque <b>Trusts:</b> If the membe Trust) or Special Nee death, which includes account number. Add <b>Ple</b>	e to: Iowa HHS. S ow. If Total Asse st an updated amore r had a Medical As ds Trust, send firs the name and ad itional information ase provide the f The deceased wa	and thend a and the and a ts min ount of ssistar t bank dress about of about of about s: [] r	here is no spouse, separate check, us Total Expense f the debt that will nee Income Trust ( statement after da of the bank and th trusts is enclosed ing information re married	disabled ch if there are is greater be provided (Miller ate of e l. egarding th ever married	Medic Specia	ledical Assistance Inc he medical assistance o al Assistance Income al Needs Trust eased member's marit	ome Tru debt, do r Trust al status arried	ss	pecial Needs d any funds at	
or money order payable <b>Trust funds listed bel</b> this time. Please reque <b>Trusts:</b> If the membe Trust) or Special Nee death, which includes account number. Add <b>Ple</b> If married or widowed	e to: Iowa HHS. S ow. If Total Asse st an updated amore r had a Medical As ds Trust, send firs the name and ad itional information ase provide the f The deceased wa , spouse's name Spouse is su	and thend a ts min ount of sistar t bank dress of about of sister	here is no spouse, separate check, us Total Expense f the debt that will nce Income Trust ( statement after da of the bank and th trusts is enclosed ing information re married no	disabled ch if there are is greater be provided (Miller ate of e e garding th ever married              No	Medic Specia Date	ledical Assistance Inc he medical assistance of al Assistance Income al Needs Trust eased member's marit divorced and not rema of Birth// no, Date of Death:	ome Tru debt, do r Trust al status arried SSN / /	s. wid	becial Needs d any funds at	
or money order payable <b>Trust funds listed bel</b> this time. Please reque <b>Trusts:</b> If the membe Trust) or Special Nee death, which includes account number. Add <b>Ple</b> If married or widowed <b>I certify under penalty</b>	e to: Iowa HHS. S ow. If Total Asse st an updated amore r had a Medical As ds Trust, send firs the name and ad itional information ase provide the f The deceased wa , spouse's name Spouse is su	and thend a ts min ount of sistar t bank dress of about of sister	here is no spouse, separate check, us Total Expense f the debt that will nce Income Trust ( statement after da of the bank and th trusts is enclosed ing information re married no	disabled ch if there are is greater be provided (Miller ate of e e garding th ever married              No	Medic Specia Date	ledical Assistance Inc he medical assistance of al Assistance Income al Needs Trust eased member's marit divorced and not rema of Birth//	ome Tru debt, do r Trust al status arried SSN / /	s. wid	becial Needs d any funds at	
or money order payable <b>Trust funds listed bel</b> this time. Please reque <b>Trusts:</b> If the membe Trust) or Special Nee death, which includes account number. Add <b>Ple</b> If married or widowed	e to: Iowa HHS. S ow. If Total Asse st an updated amore r had a Medical As ds Trust, send firs the name and ad itional information ase provide the f The deceased wa , spouse's name Spouse is su	and thend a ts min ount of sistar t bank dress of about of sistar t bank dress of about of s: □ r	here is no spouse, separate check, us Total Expense f the debt that will nce Income Trust ( statement after da of the bank and th trusts is enclosed ing information re married no	disabled ch if there are is greater be provided (Miller ate of e e garding th ever married              No	Medic Specia be dece d Date	ledical Assistance Inc he medical assistance of al Assistance Income al Needs Trust eased member's marit divorced and not rema of Birth// no, Date of Death:	ome Tru debt, do r Trust al status arried SSN / /	s. wid	becial Needs d any funds at	