



TEXAS
Health and Human
Services Commission

Date:

Caseworker:

Office address and phone number:

Name and address:

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Action Needed

(Notice of delay in decision for incurred medical expense.)

Name of client:	Client number:
Name and address of place of care where client lives:	
Name and address of the provider:	

We were told the client listed on this form got durable medical equipment or dental services. We can't give this client an "incurred medical expense deduction" until the action checked below is done.

An "incurred medical expense deduction" allows us to take the cost of the equipment or services off what the client pays for nursing care.

Return the item marked below with this letter by: _____ / _____ / _____ .
Date (mm/dd/yyyy)

For clients or authorized representatives:

- You need to sign Section II of the form that came with this letter. Send that form and this letter back to us.
- You sent us a signed copy of the attached form. However, your signature was a copy. We must have an original. Sign Section II of the form that came with this letter. Send that form and this letter back to us.

For authorized representatives:

- Fill in Section II of the form that came with this letter. We need you to "describe your authority to act for the client." For example, let us know if you are a guardian or if you have the power of attorney, etc. Send that form and this letter back to us.

For providers:

- Current Dental Terminology (CDT) codes.
- Healthcare Common Procedural Coding System (HCPCS) codes.
- Original signature of attending practitioner.
- Other _____

Privacy notice: We do not give co-pay amounts to providers unless the client or authorized representative lets us know in writing that we can do this.