

Workers' Compensation Medicare Set-aside Arrangement (WCMSA) – Account Expenditure for Lump Sum Account

This form should be completed annually and mailed to NGHP PO BOX 138832 OKLAHOMA CITY, OK 73113 starting one year from the date of settlement.

Note: Please make several copies of this form because you must send this form to the Medicare contractor each year until all of your WCMSA has been spent.

Name: _____

HICN: _____

Date: _____

Total WCMSA amount noted in CMS' written opinion: \$ _____

Individuals that have a CMS-approved WCMSA as part of a workers' compensation settlement agreement may only use the funds in the WCMSA account to pay for Medicare-covered medical services and Medicare-covered prescription drug expenses that are related to the workers' compensation injury, illness, or disease.

(Please Check)

(1) I, the undersigned, attest that I have a **lump sum** WCMSA and have used the monies from the WCMSA account for the period of _____ to _____ to pay for the following:

Medical services: \$ _____

Prescription drug expenses: \$ _____

(2) I, the undersigned, attest that I have a **lump sum** WCMSA and have **COMPLETELY EXHAUSTED** the monies in the WCMSA account to pay for the following:

Medical services: \$ _____

Prescription drug expenses: \$ _____

I acknowledge and understand that failure to follow any of the Medicare requirements for the use of this money will be regarded as a failure to reasonably recognize Medicare's interests and that Medicare will deny coverage for all medical treatments and prescription drug expenses due to my work-related injuries up to the total workers' compensation settlement amount.

Signature

Date

Witness

Date

The CMS reserves the right to audit how you spent the funds in your WCMSA account. Therefore, CMS recommends that you retain your WCMSA records for a period of seven (7) years. However, please do not send your receipts or bank statements to CMS or the Medicare Contractor identified above.