BOISE CITY/ADA COUNTY HOUSING Authorities

DEANNA L. WATSON
EXECUTIVE DIRECTOR

1001 S. Orchard Street
Boise, Idaho 83705

Phone (208) 345-4907
Fax (208) 345-4909
www.bcacha.org

VERIFICATION OF MEDICAL EXPENSES

TO: _____

_____

_____

CLIENT NAME: _____

Last 4 SS#: ___XXX-XX-_____

RELEASE:

I hereby authorize the above named health care professional/pharmacist to release information as requested below, pertaining to my past, present, and anticipated medical expenses. I understand that the information provided to the Housing Authority will be held in strict confidence, and solely in accordance with applicable law and housing regulations.

Client Signature: _____ Date:_____

The above listed client has applied for, or is receiving, assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires verification of medical expenses in determining eligibility or level of assistance.

We ask your cooperation in providing the following information and return it by faxing it to our office at (208) 345-4909. Your prompt return of this information will help to assure timely processing of assistance. The applicant/tenant has consented to this release of information as shown below.

INFORMATION BEING REQUESTED:

Please complete the statement(s) that provides the most accurate information. EXCLUDE ONE-TIME EXPENSES THAT ARE NOT EXPECTED TO REOCCUR.

1. The person whose signature appears on this form paid $_____for medical expenses for the previous 12 months from _____ to _____.

2. The person whose signature appears on this form is expected to pay a total of approximately $_____ in medical expenses after insurance payments for the following 12 months from _____ to _____.

3. The person whose signature appears on this form currently has an outstanding bill, after insurance payment, of $ _____, and has agreed to pay $_____ per month.

_____ _____
Name of Company Date

_____ _____
Name and Title of Person Supplying the Information (Print) Signature

_____
Pone Number of Person Supplying the Information