

## CMH Information Sheet: Steps to Meet Your Cost Share

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**Medical Expense Report**

**Child's Name** \_\_\_\_\_ **CMH Case #** \_\_\_\_\_

Date Payment Made	Provider Name	Family Member's Name	Amount of Medical Expense	Amount Paid by Family	Monthly Payments	Total Paid on all Medical Expenses

**Cost share Amount** \_\_\_\_\_

- ❖ Expenses under \$100 may be listed in chronological order on this report. No receipt is necessary.
- ❖ Expenses \$100 or more must include a copy of a receipt or canceled check as proof of payment.
- ❖ If you are making contractual payments on a large medical bill, two consecutive payments must have been made in order for the expense to be applied to the cost share.