

If additional pages of the table below are needed, please copy and provide as many completed pages as necessary.
NOTE: You need to fill out column #9 only if you have checked "declaration under oath" in column #8.

Table #3: Patient Out-of-Pocket Costs for Mental Health Remedial Measures between April 11, 2005 and September 6, 2016								
1. Row #	2. Date of Service or Date Rx Filled (MM/DD/YYYY)	3. Type of Service or Rx	4. Cost	5. Was this cost covered by insurance? (Y/N)	6. If yes, what is the name of the insurance provider?	7. How much did the patient pay?	8. Supporting Documentation of Payment (check all that apply)	9. Supporting Documentation of Treatment and Cost (check all that apply in this column ONLY if you checked "Declaration under oath" in column 8)
							<input type="checkbox"/> Cancelled check <input type="checkbox"/> Receipt of payment <input type="checkbox"/> Credit card statement (<i>circle payment line</i>) <input type="checkbox"/> Receipt or Summary of Rx payments from pharmacy <input type="checkbox"/> Incurred but not yet paid*** <input type="checkbox"/> Declaration under oath	<input type="checkbox"/> EOB* <input type="checkbox"/> MSN** <input type="checkbox"/> Provider bill <input type="checkbox"/> Other insurance company information
							<input type="checkbox"/> Cancelled check <input type="checkbox"/> Receipt of payment <input type="checkbox"/> Credit card statement (<i>circle payment line</i>) <input type="checkbox"/> Receipt or Summary of Rx payments from pharmacy <input type="checkbox"/> Incurred but not yet paid*** <input type="checkbox"/> Declaration under oath	<input type="checkbox"/> EOB* <input type="checkbox"/> MSN** <input type="checkbox"/> Provider bill <input type="checkbox"/> Other insurance company information
							<input type="checkbox"/> Cancelled check <input type="checkbox"/> Receipt of payment <input type="checkbox"/> Credit card statement (<i>circle payment line</i>) <input type="checkbox"/> Receipt or Summary of Rx payments from pharmacy <input type="checkbox"/> Incurred but not yet paid*** <input type="checkbox"/> Declaration under oath	<input type="checkbox"/> EOB* <input type="checkbox"/> MSN** <input type="checkbox"/> Provider bill <input type="checkbox"/> Other insurance company information

*EOB = Explanation of Benefits

**MSN = Medicare Summary Notice

***"Incurred but not yet paid" means that your necessary remedial treatment has been provided before or on September 6, 2016; you have received a bill for the treatment; and you have not yet been paid for the remedial treatment.