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Out of Pocket Medical Expenses

Complete ONLY if Head of Household, Co-Head, or Spouse are elderly (62+) and/or disabled AND you are claiming out-of-pocket medical expenses.

List names and contact information for each out of pocket medical expense for the last 12 months

We will only verify the medical expenses listed on this form.

We can only verify if you have also listed these medical providers on the Medical Release of Information form.

Patient's Name	** Medical Provider	Doctor's Name	Phone Number	Address
(household member name)	Office Name			

^{**} If you have out-of-pocket medical expenses from the following providers, you will need to provide verification of expenses paid to these providers for the past 12 months: