



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
 FAMILY SUPPORT DIVISION  
**MO HEALTHNET SPEND DOWN PARTICIPANT**



Complete the form below and upload all documents to submit medical expenses to be applied to spend down.

First Name:		Last Name:		DCN or SSN:	
Spouse's Name:		Last Name:		DCN or SSN:	
Provider Name:				Number of Pages:	

UPLOAD: Upload this form and documentation at <https://mydssupload.mo.gov/UploadPortal>

**Instructions**

Complete the chart below with your information and provide proof that the bills were paid, or that you will be responsible for paying.

Please Note:

- To be acceptable, they must be bills you personally have to pay, meaning they will not be paid by MO Healthnet, Medicare, or other sources.
- Documentation must include the following details to be used as proof of incurred medical expenses: provider name, date of service, type of service provided, total charge, amount paid by third party liability (Medicare/other insurance), and the amount you are responsible to pay.

**Month to be Applied and Carryover**

All bills will be entered to meet your spend down for the month of service or purchase, unless you choose to apply the expense to a future month. This is called a carryover.

If you have acceptable medical bills from the past 3 months, you can carry them over to help meet your spend down for the current month and/or any of the next 3 months. When you chose to carry over bills from one month (for example, September) to a different month (such as October), you give up the possibility of meeting spend down for the month you carried over from (September).

Amount of Medical Bills	Date of Service	Month to be applied
Example: \$250	Example: 9/20/2024	Example: 10/2024, 11/2024, 12/2024

Optional: If you are a Veteran in the state of Missouri and are interested in learning more about benefits and resources available to you and your dependents, visit <https://mvc.dps.mo.gov/MoVeteransInformation/Survey/DSS>.

