

## **Liability Claim Medicare Set-aside Arrangement (LMSA)- Account Expenditure for Structured Annuity**

This form should be completed annually and mailed to the following address starting one year from the date of settlement:

MSPRC - NGHP  
PO BOX 138832  
Oklahoma City, OK 73113  
Attention: MSP - Medicare Set-aside Reconciliation

Note: Please make several copies of this form because you must send this form to the Medicare contractor each year until all of your LMSA has been spent.

NAME: \_\_\_\_\_

HIC NUMBER: \_\_\_\_\_

Date: \_\_\_\_\_

Total LMSA amount noted in CMS' written opinion if reviewed by CMS: \$ \_\_\_\_\_  
Individuals that have an MSA as part of a settlement agreement may only use the funds in the LMSA account to pay for Medicare covered medical services and Medicare-covered prescription drug expenses that are related to the liability claim injury, illness, or disease.  
(Please check one of the following)

I, the undersigned, attest that I have a **structured annuity** LMSA and have used the monies from the LMSA account for the period of \_\_\_\_\_ to \_\_\_\_\_ to pay for the following:

Medical services: \$ \_\_\_\_\_

Prescription drug expenses: \$ \_\_\_\_\_

I, the undersigned, attest that I have a **structured annuity** LMSA and have **COMPLETELY EXHAUSTED** the monies in the LMSA account to pay for the following:

Medical services: \$ \_\_\_\_\_

Prescription drug expenses: \$ \_\_\_\_\_

I acknowledge and understand that failure to follow any of the Medicare requirements for the use of this money will be regarded as a failure to reasonably recognize Medicare's interests and that Medicare will deny coverage for all medical treatments and prescription drug expenses due to my personal injuries up to the total personal injury claim settlement amount.

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**Signature Date**

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**Witness Date**

The CMS reserves the right to audit how you spent the funds in your LMSA account. Therefore, CMS recommends that you retain your LMSA records for a period of seven (7) years. However, please not send your receipts or bank statements to CMS or the Medicare Contractor identified above.