

**Workers' Compensation Medicare Set-aside Arrangement (WCMSA)-
Account Expenditure for Lump Sum Account**

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

MSPRC
PO BOX 33828
DETROIT, MI 48232-3828
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 WCMSA has been spent

NAME: _____
HIC NUMBER: _____

Date: _____

Total WCMSA amount noted in CMS' written opinion: \$ _____

Individuals that have a CMS-approved WCMSA as part of a workers' compensation settlement agreement may only use the funds in the WCMSA account to pay for Medicare covered medical services and Medicare-covered prescription drug expenses that are related to the workers' compensation injury, illness, or disease.

(Please Check)

(1) I, the undersigned, attest that I have a **lump sum** WCMSA and have used the monies from the WCMSA account for the period of _____ to _____ to pay for the following:

Medical services: \$ _____
Prescription drug expenses: \$ _____

(2) I, the undersigned, attest that I have a **lump sum** WCMSA and have **COMPLETELY EXHAUSTED** the monies in the WCMSA account to pay for the following:

Medical services: \$ _____
Prescription drug expenses: \$ _____

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 work-related injuries up to the total CMS approved WCMSA amount.

Signature

Date

Witness

Date

The CMS reserves the right to audit how you spent the funds in your WCMSA account. Therefore, CMS recommends that you retain your WCMSA 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.