

## PURPOSE

Use to record [expenditures for](#) health care services provided to eligible persons.

## PROCEDURE

[Maintain Form 104 for each client.](#)

Enter information on [the](#) Form 104 as information becomes available.

[File the Form 104 in the case record.](#)

## DETAILED INSTRUCTIONS

Columns 1 – 6 are self-explanatory.

Date Paid (Column 7). Enter the date that the county writes a check to pay the claim.

Reimbursements (Column 8). Enter the amount of reimbursements received, if any, from the client, provider, any third party resource, and SSI Medicaid reimbursements.

## FORM RETENTION

Maintain the records at least until the end of the third complete state fiscal year following the date on which the application is submitted.