



COMMUNITY PATHWAYS REQUEST FOR NON-COVERED SERVICES

Certain deductions for non-covered services are allowed when calculating Applicants/Recipients (A/Rs') available income regarding the Contribution to the Cost of Care (CTC) for the Community Pathways Waiver Program. Providers should complete the request for non-covered services on behalf of A/Rs, attach proof of medical expenses, and submit this form to: **Eligibility Determination Division, DHMH, 6 St. Paul Street, Suite 400, Baltimore, MD 21202** OR fax to **(410) 333-0109**.

SECTION I – PROVIDER INFORMATION

1. Provider Name and Address (Street, City, State, ZIP)	2. Date of Request
	3. Telephone Number

SECTION II – CUSTOMER INFORMATION

4. Customer Name and Address (Street, City, State, ZIP)	5. Client ID/MA Number
	6. Application Date
7. Case Manager Name	8. Financial Redetermination Month

9. Waiver Program
COMMUNITY PATHWAYS

SECTION III – EXPENSES

10. Type of Expense (Check all that apply)

Dental	Hearing Aid	Pharmacy	Podiatry	Vision
Other (please explain)				

The provider's medical bill must be attached for the CTC to be determined. The provider's bill, invoice or contract must contain the following:

- Be either an itemized bill, invoice, or current contract that is no more than 30 days old;
- Specify the date(s) of service;
- Indicate the type(s) of service;
- Specify the provider's charge(s) for each service received (e.g. non-medical services such as beauty parlor);
- Specify any payments received or third party liability for the services (e.g. payments from the A/R or others on the A/R's behalf, health insurance, Medicare, etc.); and
- Give the provider's name, address, and telephone number.

The response time is approximately 30 days. The final determination on a Request for Non-Covered Services requires review and approval by the Division of Eligibility Policy.