

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

This form should be completed annually and mailed to NGHP, PO BOX 138832, OKLAHOMA CITY, OK, 73113. This will start one year from the date of settlement.

**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: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

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

Total WCMSA amount noted in Centers for Medicare & Medicaid Services' (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)

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: \$ \_\_\_\_\_

**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: \$ \_\_\_\_\_

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 work-related injuries up to the total workers' compensation settlement amount.

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Signature

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Date

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Signature

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Date

**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 do not send your receipts or bank statements to CMS or the Medicare Contractor identified above.**