

SUPPLEMENTAL MEDI-CAL POTENTIAL OVERPAYMENT REPORTING WORK SHEET—PROPERTY TOTAL INELIGIBILITY OR INELIGIBILITY FOR A SPECIFIC LEVEL OF SERVICES

Section I (County complete for all ineligibility.)

Use this space for additional MFBU members, if needed. Attach to the MC 224 B.

County ID _____

RECIPIENTS INCLUDED IN POTENTIAL OVERPAYMENT (MFBU)

Name	Date of Birth	Social Security Number	Medi-Cal Eligibility Date	
			From	To

Section III (County worker complete only for property ineligibility.)

Overpayment is computed according to Title 22, California Code of Regulations, Sections 50786–50787. Use for any type of property, bank account, stocks, cash, etc. Provide bank or institution account number when available. Deduct regular income from the account to which it is regularly deposited. Use the **lowest** balance per month.

Use the Lowest Balance Per Month.

1 Month/Year (One line per month)	2 Property (Describe)	3 Property (Describe)	4 Property (Describe)	5 Property (Describe)	6 Total Balance (Sum of 1–5)	7 Medi-Cal Property Limit	8 Excess Property Amount (6 minus 7)
	\$	\$	\$	\$	\$	\$	\$

Section IV—Summary (County worker/DHCS investigator complete where applicable.)

Potential overpayment: \$ _____ (Highest amount of excess property in any one month of the overpayment period)
 Medi-Cal usage for period: \$ _____ (Computed by DHCS)
 Actual overpayment: \$ _____ (Lesser of Medi-Cal usage or excess property, computed by DHCS)

Section V — County Worker Comments (This space can be used to specify the circumstances of ineligibility.) (If additional space is needed, attach a separate sheet of paper.)

Section VI—County Worker Completing Form

Name (print)	County		
Signature	Date	EW number	Telephone number ()