

SC State Housing Finance and Development Authority
Verification of Medical Expenses

To the Doctor or other Health Care Provider: _____

As an applicant/participant in the HUD Section 8 Rental Assistance Program, I am required to provide information concerning **Medical Expenses**. These expenses will be used to adjust household income for rent calculation purposes. Please complete this form and return it directly to the Housing Program Coordinator (HPC) listed below. Your prompt cooperation in supplying the requested information is appreciated. If you have any questions, please do not hesitate to contact the HPC.

Mailing Address:

SC State Housing Finance & Development Authority
Voucher Program – _____ County HPC
300-C Outlet Pointe Blvd
Columbia, SC 29210

Phone: (803) 896-_____
Fax: (803) 551-_____

Name of Participant: _____

SSN: _____

Signature Authorizing Release of Information: _____

Date: _____

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TO BE COMPLETED BY THE HEALTH CARE PROVIDER

Type of service you provide (check all appropriate boxes)

- | | |
|--|---|
| <input type="checkbox"/> Physician Care | <input type="checkbox"/> Medical Insurance |
| <input type="checkbox"/> Hospital/Clinic Care | <input type="checkbox"/> Prescriptions |
| <input type="checkbox"/> In Home Care | <input type="checkbox"/> Medical Transportation |
| <input type="checkbox"/> Other (please specify): _____ | |

Please provide the following amount, **excluding any insurance or other reimbursement**

Current average **monthly or yearly** cost for services **participant is paying:** \$ _____
(circle one)

Signature of Health Care Provider

Date

Printed Name

Title

Street Address

SC License Number (if applicable)

City, State and Zip Code

Telephone Number

If using a Telecommunications Device for the Deaf (TDD), please call: (803) 896-8831.

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.