



PERSONAL FUNDS ACCOUNT BALANCE REPORT

Nursing facilities are required to submit a written account of the remaining personal funds for any deceased resident who has received aid, care, assistance or services paid by the Department of Social Services (DSS). This includes all of the resident's remaining funds held by the nursing home.

Within 60 days from the date of the resident's death, send the completed form and a copy of the complete accounting of the resident's personal funds account to the MO HealthNet Division Third Party Liability (TPL) Unit by email to MHD.CostRecovery@dss.mo.gov, fax to (573) 526-1162 or mail to: MO HealthNet Division, Attention: TPL Unit, Personal Funds Recovery, PO Box 6500, Jefferson City MO 65102.

Participant Information

Participant's Name	Social Security Number	MO HealthNet Identification Number	
Department Client Number (DCN)	Date of Death	Balance of Remaining Funds	

Guardian/Conservator/Personal Receiving Quarterly Accounting Information

Name of Guardian, Conservator or Person Receiving Quarterly Accounting			
Telephone Number	Email		
Street Address	City	State	Zip Code

Provider Information

Provider Name	NPI	Telephone Number	
Provider Street Address	City	State	Zip Code
Provider Email	Fax Number		

Remarks

Provider Signature	Print Name	Date
--------------------	------------	------