Georgia Department of Human Services
Division of Family and Children Services
IME Query Form

Date _____

TO Department of Community Health
Medicaid Eligibility Policy Unit
P.O. Box 1984
Atlanta, Georgia 30301-1984

DFCS Case Worker Complete This Section

Case Worker name _____
Case Worker phone # _____
Case Worker email address _____

A/R's name _____
Medicaid ID# _____
NH or IH COA _____ Yes _____ No
EDWP COA _____ Yes _____ No

Attached is Form 942 on the above-named A/R. Please advise if the medical expense can be allowed as an income deduction in determining patient liability or cost share.

DCH Complete This Section

Response from DCH:

_____ Do not allow the following expense as an income deduction.

_____ Allow the following expense as an income deduction in the amount given.

Comments:

_____ _____
DCH Printed Name **DCH Signature**