

## **Itemized Voucher Instructions**

*CLAIMANT'S NAME AND ADDRESS* - All claimants must print or typewrite their name and address in the space provided for that purpose. The check will be drawn in that name and mailed to that address.

*DESCRIPTION OF MATERIALS OR SERVICES* - All charges must be itemized. In the space provided in the body of the voucher, show where applicable: (1) dates of service; (2) quantities; (3) description; (4) unit price; (5) amount. If more space is required than that provided, any sheet of paper this size may be used. Bring the total forward to this voucher.

### ***ATTACH PROOF OF PAYMENT FOR MEDICARE PART B.***

*CLAIMANT'S CERTIFICATION* - The claimant's certification must be completed. The date on which the signature is affixed must be given. Notary is not required.

*RETURN VOUCHER PROMPTLY* - In order to expedite payment, this voucher should be returned between November 15<sup>TH</sup> and December 31<sup>ST</sup> of the year that you are requesting reimbursement of an amount equal to the charge for the premium cost for Part B of the Medicare program, excluding any penalty charges.