

**PROBATE COURT OF DELAWARE COUNTY, OHIO
DAVID A HEJMANOWSKI, JUDGE**

ESTATE OF: _____, DECEASED

Case No. _____

MEDICAID RECOVERY ACKNOWLEDGMENT

(ORC Section 2117.06 and Loc.R. 62.1)

As the person responsible for the Estate (Executor, Administrator, Commissioner, or the person who filed for a Release or Summary Release), I acknowledge that it is my duty to ascertain within thirty (30) days whether the decedent was -

- (1) fifty-five (55) years of age or over on the date of death; **and**
- (2) a recipient of medical assistance (Medicaid) benefits under Ohio Revised Code Chapter 5162 (formerly RC Chapter 5111).

I further acknowledge that if the answer to **both** of those determinations is “yes”, then I have a further duty to prepare a Notice of Administrator of Medicaid Estate Recovery Program - Form 7.0(A); mail a copy of it to:

**Administrator
Medicaid Estate Recovery
150 E. Gay St., 21st floor
Columbus, OH 43215**

and file a Certification of Notice to Administrator of Medicaid Estate Recovery Program (Form 7.0)

At this time, I can say that: (A) _____ I must mail and file the Notice;
(B) _____ I do not have to mail or file the Notice; or (C) _____ I have not determined whether I must mail and file the Notice.

Dated: _____

(Printed) _____
Person Responsible for the Estate

(Required to be filed in every estate without an attorney)