

In the District Court of the State of Iowa
Pottawattamie County

Iowa Department of Human Services
Claimant,

Probate No.: *ESPR041985*

vs.

James McMillen
Administrator
of the estate of
Jerry McMillen

Claim in Probate

Deceased.

State of Iowa
County of Polk ss:

Current Principal Claim Amount: \$10,719.40
Through Date: 8/27/2015

I, Ruth A. Staplin, under oath, state that I have read the following facts and they are true to my best belief:

1. A claim for payments in the above amount on behalf of the above-named decedent is made by the medical assistance program pursuant to Iowa Code section 249A.53(2). A list of the current payments, through the date above, is attached hereto and by this reference made a part hereof. The amount of the claim often changes and may go up. The exact amount may not be ascertainable pursuant to Iowa Code 633.418 and 441 IAC 80.4, until thirteen months after death.

If there are sufficient assets to pay the above amount in full, the attorney must request a payoff amount prior to paying the claim. Please allow up to two weeks for the request to be processed.

2. The sum stated in paragraph 1 is justly due the Iowa Department of Human Services pursuant to Iowa Code section 249A.53(2). Interest shall accrue at the rate provided pursuant to Iowa Code Section 535.3 beginning six months after death pursuant to Iowa Code section 249A.53(2)(e).

3. The claim is justly due. The undersigned is authorized to file this claim on behalf of the Iowa Department of Human Services. Payment must be made payable to Iowa Department of Human Services. The claim is not barred by the four-month time limitation. See Iowa Code 633.410.

4. No payments have been made on this claim which are not credited. There are no offsets to this claim to the knowledge of the undersigned except as herein stated.

WHEREFORE, Claimant asks the allowance of said claim.

Ruth A Staplin

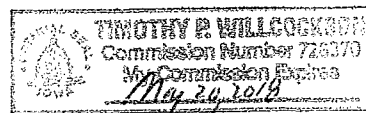
Ruth A. Staplin, Assistant Probate/Property Manager
Iowa Department of Human Services
P.O. Box 36445
Des Moines, Iowa 50315
Phone:515/246-9841 Toll-Free:888/513-5186 Fax:515/246-0155
rstaplin@sumogroup.com

Subscribed and sworn to before me this 2nd day of September, 2015.

Notary Public, State of Iowa: _____

Original filed.

Copy to: Attorney Jennifer A. Carlson



IAMC9820-R002
AS OF 08/27/15

IOWA DEPARTMENT OF HUMAN SERVICES
MEDICAID MANAGEMENT INFORMATION SYSTEM
RECIPIENT HISTORY FEE-FOR-SERVICE REPORT

PAGE 1
RUN DATE 08/27/15

REQUEST NUMBER 010
REQUESTOR'S NAME: RAS
CLERK ID: 002

RECIPIENT NAME - MCMILLEN
RECIPIENT ID - 21L54888D

JERRY

COMMENTS-ER

TRANSACTION

CONTROL-NUMBER	HWP IND	TRANS CODE	FIRST SVC	LAST SVC	AMOUNT CHARGED	AMOUNT PAID	DATE PAID	CAT SVC	PROVIDER NUMBER	PROVIDER NAME
3-15209-00-023-0930-00	Y	ON	05/08/15	05/08/15	\$1,974.93	\$0.00	08/03/15	15	1609007525	BELLEVEU MEDICAL CEN
1-15174-00-852-1303-63	Y	BN	06/22/15	06/22/15	\$12,017.75	\$3,462.41	06/29/15	55	1942368352	THE NEBRASKA MED CEN
1-15173-00-800-0433-55	Y	ON	06/22/15	06/22/15	\$12,017.75	\$3,462.41	06/29/15	55	1942368352	THE NEBRASKA MED CEN
1-15175-00-800-0067-15	Y	ON	06/24/15	06/24/15	\$12,017.75	\$3,462.41	06/29/15	55	1942368352	THE NEBRASKA MED CEN
1-15177-00-852-1287-87	Y	BN	06/24/15	06/24/15	\$12,017.75	\$3,462.41	07/06/15	55	1942368352	THE NEBRASKA MED CEN
4-15188-00-814-0053-47	Y	ON	06/01/15	06/30/15	\$15.41	\$15.41	07/13/15	21	X000213244	MAGELLAN BEHAVIORAL
4-15188-00-810-0643-85	Y	ON	07/01/15	07/31/15	\$15.41	\$15.41	07/13/15	21	X000213244	MAGELLAN BEHAVIORAL
4-15216-00-810-0652-33	Y	ON	08/01/15	08/31/15	\$15.41	\$15.41	08/10/15	21	X000213244	MAGELLAN BEHAVIORAL
3-15210-00-032-0218-00	Y	ON	04/21/15	04/24/15	\$23,142.13	\$0.00	08/03/15	10	1356307581	NEBRASKA MEDICAL CEN
3-15209-00-023-0926-00	Y	ON	05/07/15	05/07/15	\$280.00	\$0.00	08/03/15	15	1356307581	NEBRASKA MEDICAL CEN
3-15183-00-040-0549-00	Y	ON	06/08/15	06/08/15	\$2,260.35	\$457.68	07/06/15	15	1356307581	NEBRASKA MEDICAL CEN
3-15181-00-036-0872-00	Y	ON	06/10/15	06/10/15	\$516.44	\$110.08	07/06/15	15	1356307581	NEBRASKA MEDICAL CEN
3-15223-00-027-0064-00	Y	ON	06/22/15	06/27/15	\$27,785.10	\$7,818.03	08/17/15	35	1356307581	NEBRASKA MEDICAL CEN
3-15181-00-005-0825-00	Y	OP	06/25/15	06/25/15	\$622.91	\$0.00	07/06/15	35	1356307581	NEBRASKA MEDICAL CEN
3-15173-00-012-0229-00	Y	ON	06/26/15	06/26/15	\$231.53	\$44.09	07/06/15	75	1356307581	NEBRASKA MEDICAL CEN
3-15173-00-012-0233-00	Y	OP	04/21/15	04/21/15	\$383.00	\$0.00	06/29/15	35	1417912114	UNMC PHYSICIANS
3-15173-00-012-0229-00	Y	ON	04/21/15	04/21/15	\$27.00	\$0.00	06/29/15	35	1417912114	UNMC PHYSICIANS
3-15173-00-012-0230-00	Y	ON	04/21/15	04/21/15	\$281.00	\$0.00	06/29/15	35	1417912114	UNMC PHYSICIANS
3-15173-00-012-0227-00	Y	ON	04/21/15	04/21/15	\$1,483.48	\$0.00	06/29/15	35	1417912114	UNMC PHYSICIANS
3-15173-00-012-0232-00	Y	ON	04/22/15	04/22/15	\$32.00	\$10.83	06/29/15	35	1417912114	UNMC PHYSICIANS
3-15173-00-012-0228-00	Y	ON	04/22/15	04/22/15	\$265.00	\$0.00	06/29/15	35	1417912114	UNMC PHYSICIANS
3-15173-00-012-0224-00	Y	OP	04/22/15	04/22/15	\$204.00	\$0.00	06/29/15	35	1417912114	UNMC PHYSICIANS
3-15173-00-012-0224-00	Y	ON	04/23/15	04/23/15	\$142.00	\$51.88	06/29/15	35	1417912114	UNMC PHYSICIANS
3-15173-00-012-0225-00	Y	ON	04/24/15	04/24/15	\$211.00	\$0.00	06/29/15	35	1417912114	UNMC PHYSICIANS
3-15173-00-012-0231-00	Y	ON	04/24/15	04/24/15	\$27.00	\$0.00	06/29/15	35	1417912114	UNMC PHYSICIANS
3-15173-00-012-0236-00	Y	ON	04/24/15	04/24/15	\$394.00	\$0.00	06/29/15	35	1417912114	UNMC PHYSICIANS
3-15173-00-012-0235-00	Y	ON	04/24/15	04/24/15	\$475.00	\$0.00	06/29/15	35	1417912114	UNMC PHYSICIANS
3-15173-00-012-0234-00	Y	ON	04/24/15	04/24/15	\$168.00	\$0.00	06/29/15	35	1417912114	UNMC PHYSICIANS
3-15174-00-015-0124-00	Y	ON	04/24/15	04/24/15	\$368.20	\$0.00	06/29/15	35	1417912114	UNMC PHYSICIANS
3-15230-00-008-0947-00	Y	ON	04/29/15	04/29/15	\$32.00	\$0.00	06/29/15	35	1417912114	UNMC PHYSICIANS
3-15229-00-027-0230-00	Y	ON	05/07/15	05/07/15	\$408.00	\$0.00	08/24/15	35	1417912114	UNMC PHYSICIANS
3-15229-00-027-0230-00	Y	ON	06/08/15	06/08/15	\$267.00	\$56.78	08/24/15	75	1417912114	UNMC PHYSICIANS
3-15177-00-018-0703-00	Y	ON	06/10/15	06/10/15	\$178.00	\$49.05	08/24/15	35	1417912114	UNMC PHYSICIANS
3-15177-00-005-0433-00	Y	OP	06/22/15	06/22/15	\$182.00	\$0.00	06/29/15	35	1417912114	UNMC PHYSICIANS
3-15177-00-018-0704-00	Y	ON	06/22/15	06/22/15	\$212.00	\$0.00	06/29/15	35	1417912114	UNMC PHYSICIANS
3-15181-00-016-0707-00	Y	OP	06/22/15	06/22/15	\$72.00	\$0.00	06/29/15	35	1417912114	UNMC PHYSICIANS
3-15177-00-005-0434-00	Y	ON	06/23/15	06/23/15	\$361.00	\$0.00	07/06/15	35	1417912114	UNMC PHYSICIANS
3-15181-00-016-0710-00	Y	ON	06/24/15	06/24/15	\$2,147.00	\$712.19	07/06/15	35	1417912114	UNMC PHYSICIANS
3-15181-00-016-0708-00	Y	ON	06/25/15	06/25/15	\$32.00	\$10.83	07/06/15	35	1417912114	UNMC PHYSICIANS
3-15183-00-015-0724-00	Y	ON	06/25/15	06/25/15	\$25.00	\$10.04	07/06/15	35	1417912114	UNMC PHYSICIANS
3-15181-00-016-0709-00	Y	ON	06/25/15	06/25/15	\$282.00	\$99.75	07/06/15	35	1417912114	UNMC PHYSICIANS
3-15183-00-015-0725-00	Y	ON	06/27/15	06/27/15	\$194.00	\$69.24	07/06/15	35	1417912114	UNMC PHYSICIANS
4-15188-00-868-0801-31	Y	ON	07/01/15	07/31/15	\$22.66	\$22.66	07/13/15	87	X000705671	DELTA DENTAL OF IOWA
4-15216-00-868-0810-62	Y	ON	08/01/15	08/31/15	\$22.66	\$22.66	08/10/15	87	X000705671	DELTA DENTAL OF IOWA
4-15188-00-826-0021-73	Y	ON	07/01/15	07/31/15	\$492.52	\$492.52	07/13/15	23	X001210233	MERIDIAN HEALTH PLAN
4-15202-00-600-1092-15	Y	ON	07/01/15	07/31/15	\$492.52	\$492.52	07/27/15	23	X001210233	MERIDIAN HEALTH PLAN
4-15202-00-600-2092-15	Y	FN	07/01/15	07/31/15	\$492.52	\$492.52	07/27/15	23	X001210233	MERIDIAN HEALTH PLAN
4-15216-00-826-0022-62	Y	ON	08/01/15	08/31/15	\$492.52	\$492.52	08/10/15	23	X001210233	MERIDIAN HEALTH PLAN

IOWA DEPARTMENT OF HUMAN SERVICES
MEDICAID MANAGEMENT INFORMATION SYSTEM
RECIPIENT HISTORY CAPITATION CLAIMS REPORT

AMC9820-R002
IS OF 08/27/15
REQUEST NUMBER 010
REQUESTOR'S NAME: RAS
CLERK ID: 002

RECIPIENT NAME - MCMILLEN JERRY COMMENTS-ER
RECIPIENT ID - 2154888D
TRANSACTION CONTROL-NUMBER HWP TRANS IND CODE FIRST SVC LAST SVC AMOUNT CHARGED AMOUNT PAID DATE PAID CAT SVC PROVIDER NUMBER PROVIDER NAME

NO HISTORY CLAIM INFORMATION FOR THIS RECIPIENT

IOWA DEPARTMENT OF HUMAN SERVICES
MEDICAID MANAGEMENT INFORMATION SYSTEM
RECIPIENT HISTORY CLAIMS SUMMARY REPORT

LAMC9820-R002
IS OF 08/27/15
REQUEST NUMBER 010
REQUESTOR'S NAME: RAS
CLERK ID: 002

RECIPIENT NAME - MCMILLEN JERRY COMMENTS-ER
RECIPIENT ID - 2154888D

	AMOUNT CHARGED	AMOUNT PAID
TOTAL FEE-FOR-SERVICE	\$0.00	\$0.00
TOTAL FEE-FOR-SVC-HWP	\$114,845.66	\$10,719.40
TOTAL CAPITATION	\$0.00	\$0.00
TOTAL CAPITATION-HWP	\$0.00	\$0.00
TOTAL TOTAL ALL	\$114,845.66	\$10,719.40