PROBATE COURT OF GEAUGA COUNTY, OHIO
JUDGE TIMOTHY J. GRENDELL

ESTATE OF _____, DECEASED

CASE NO. _____

MEDICAID RECOVERY ACKNOWLEDGMENT

[R.C. § 2117.061]

As the person responsible for this 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 30 days after filing the initial application of appointment whether the decedent was:

(1) 55 years of age or over on the date of death; and

(2) recipient of medical assistance (Medicaid) benefits under R.C Chapter 5162.

I further acknowledge that *if the answer to **both** of those determinations is "yes",* then I have a further duty to determine whether I must prepare SC Form 7.0(A) -"Notice of Administrator of Medicaid Estate Recovery Program," and timely mail that notice to the Medicaid Recovery Administrator at:

Administrator, Medicaid Estate Recovery
30 E. Broad St., 14st Floor
Columbus, OH 43215

After mailing that Notice of Administrator of Medicaid Estate Recovery Program, I will promptly file with the Court SC Form 7.0 - "Certification of Notice to Administrator of Medicaid Estate Recovery Program.

_____

_____
Print Full Name