

# Monthly Act 150 Participant Fee Report (Age 60 and Over)

Service Coordination Entity \_\_\_\_\_

Payment for Month/Year (MM/YYYY) \_\_\_\_\_

| Participant's Name | MCI Number | Birthdate | Monthly Income | Participant Amount |
|--------------------|------------|-----------|----------------|--------------------|
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| <b>Total</b>       |            |           |                | <b>\$0.00</b>      |

Mail this form along with a check payable to the Commonwealth of Pennsylvania to:  
 PA Department of Aging  
 Bureau of Finance  
 Forum Place, 5<sup>th</sup> Floor  
 555 Walnut Street  
 Harrisburg, PA 17101-1919