Medical Bills

Date of Service	Provider (hospital, doctor's office, etc.)	Service (tests, surgery, etc.)	Cost	Insurance Company	Insurance Paid	Date Paid	Family Owes	Date Paid
			$		$		$	
			$		$		$	
			$		$		$	
			$		$		$	
			$		$		$	
			$		$		$	
			$		$		$	
			$		$		$	
			$		$		$	
			$		$		$	
			$		$		$	
			$		$		$	
			$		$		$	
			$		$		$	
			$		$		$	

Note: This sheet may be used for income tax filing purposes.