Another resource from ***Patient and Caregiver Support*****

Medical Expense and Payment Record

***Dedicated to providing** CARE **(*Connections, Assistance, Resources and Encouragement*) for patients, caregivers, spouses and families**

10/10

Name: ____ **Record Period:** ______________________________

DATE	PROVIDER	DESCRIPTION	MED COSTS	MED CO-PAY	RX CO-PAY	INS COSTS	MILES	PAYMENT (DATE/CK #)
		PAGE TOTALS:						PAGE NUMBER:

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