Insurance and expenses





Insurance information

| | Primary insurance: | Member ID: | | | | | |
|--|--|---------------------------|---|--|--|--|--|
| | Group #: | Group name/employer name: | | | | | |
| | Subscriber's name: _ | | Subscriber's date of birth: | | | | |
| | Mailing address: | | | | | | |
| | State: | ZIP code: | Member services phone: | | | | |
| | | | | | | | |
| | Secondary insurance | e: | Member ID: | | | | |
| | oup name/employer name: | | | | | | |
| | Subscriber's name: _ | | Subscriber's date of birth: | | | | |
| | Mailing address: | | | | | | |
| | State: | ZIP code: | Member services phone: | | | | |
| | | | | | | | |
| | Dental insurance: | | Member ID: | | | | |
| | Group #: | Gro | up name/employer name: | | | | |
| | Subscriber's name: _ | | Subscriber's date of birth: | | | | |
| | Mailing address: | | | | | | |
| | State: | ZIP code: | Member services phone: | | | | |
| | | | | | | | |
| | | | | | | | |
| | Drug card or prescrip | | Member ID: | | | | |
| | | tion insurance: | · | | | | |
| | Group #: | tion insurance: Gro | Member ID: | | | | |
| | Group #: Subscriber's name: _ | tion insurance: Gro | Member ID: up name/employer name: | | | | |
| | Group #: Subscriber's name: _ Mailing address: | tion insurance: Gro | Member ID: up name/employer name: Subscriber's date of birth: | | | | |





Medical bill tracking form

| Date | Provider | Charges | Deductible | Primary insurance paid | Secondary insurance paid | Amount owed | Date paid |
|------|----------|---------|------------|------------------------|--------------------------------|----------------|-----------|
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Out-of-pocket expenses

Use this sheet to track expenses not covered by insurance.

This sheet may be helpful for income tax purposes.

| Date | Activity (travel, mileage, lodging, supplies, etc.) | Amount |
|------|---|--------|
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