MEDICAL EXPENSE ALLOCATION

Patient: _____ | Period: _____ to _____

Form ID: MED-2024-TMPL

DATE	PROVIDER / SERVICE	CATEGORY	INSURANCE PAID	PATIENT PAID	TOTAL COST
01/15/24	City General Hospital	Inpatient	$4,200.00	$800.00	$5,000.00
01/22/24	Cornerstone Pharmacy	Prescription	$45.00	$15.00	$60.00
02/05/24	Vision Care Associates	Diagnostic	$0.00	$120.00	$120.00

Subtotal Insurance: $4,245.00

Subtotal Patient: $935.00

Total Allocation: $5,180.00

Note: This document is for personal record-keeping and allocation tracking only.