

MEDICAL BILL TRACKER

Family Healthcare Budgeting

Period: _____ to _____

DATE	PATIENT NAME	PROVIDER / FACILITY	INSURANCE PAID	PATIENT OWED	STATUS
Jan 12	Jane Doe	City General Hospital	\$450.00	\$50.00	Paid
Jan 15	John Doe	Northside Pediatrics	\$120.00	\$25.00	Pending
Feb 02	Jane Doe	CVS Pharmacy	\$45.00	\$12.00	Paid

Total Billed \$702.00
Insurance Covered \$615.00
Out of Pocket \$87.00

Notes:
