

# MEDICAL PAYMENT TRACKER

Month/Year: \_\_\_\_\_

<b>SERVICE PROVIDER / FACILITY</b>	<b>DUE DATE</b>	<b>AMOUNT DUE</b>	<b>PAID</b>	<b>METHOD</b>	<b>REF #</b>
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Monthly Budget \$ \_\_\_\_\_

Total Payments \$ \_\_\_\_\_

Remaining Balance \$ \_\_\_\_\_

NOTES / FOLLOW-UP ITEMS: