

# PATIENT OUT-OF-POCKET BUDGET

Healthcare Expense Tracking Sheet

Reference ID: # \_\_\_\_\_

PATIENT NAME  
INSURANCE PROVIDER  
PLAN PERIOD  
ANNUAL DEDUCTIBLE

Date	Provider / Service Description	Status	Paid Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Subtotal Expenses \$ \_\_\_\_\_  
Pharmacy / RX Costs \$ \_\_\_\_\_  
Total Out-of-Pocket \$ \_\_\_\_\_

\*Keep all receipts for tax deduction verification.