

# HEALTH EXPENSE TRACKER

Period: \_\_\_\_\_

User: \_\_\_\_\_

**CATEGORY**

**BUDGETED**

**ACTUAL**

**PROVIDER / NOTES**

**Insurance Premium**

**Doctor Visits / Co-  
pays**

**Prescriptions**

**Dental Care**

**Vision / Eyewear**

**Mental Health /  
Therapy**

**Lab Work / Imaging**

**Over-the-Counter /  
Meds**

**Fitness / Wellness**

CATEGORY	BUDGETED	ACTUAL	PROVIDER / NOTES
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**Other:**

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<b>TOTALS</b>	<b>\$</b>	<b>\$</b>	
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TOTAL MONTHLY BUDGET  
TOTAL ACTUAL SPEND  
VARIANCE (+/-)

ADDITIONAL OBSERVATIONS & FUTURE PLANNING