# SENIOR HEALTHCARE EXPENSE PLANNER

Patient Name:
Month/Year:

| EXPENSE CATEGORY | FREQUENCY | BUDGETED | ACTUAL | DIFFERENCE |
|---|---|---|---|---|
| **Insurance & Premiums** | | | | |
| Medicare Part B / D | Monthly | $ | $ | $ |
| Medigap / Supplemental | Monthly | $ | $ | $ |
| Long-Term Care Insurance | Quarterly | $ | $ | $ |
| **Direct Medical Care** | | | | |
| Primary Care Copays | Per Visit | $ | $ | $ |
| Specialist Visits | Per Visit | $ | $ | $ |
| Dental / Vision / Hearing | Variable | $ | $ | $ |
| **Prescriptions & Supplies** | | | | |

| EXPENSE CATEGORY | FREQUENCY | BUDGETED | ACTUAL | DIFFERENCE |
|---|---|---|---|---|
| Prescription Medications | Monthly | $ | $ | $ |
| OTC Supplements/Vitamins | Monthly | $ | $ | $ |
| Medical Supplies (Testing/Mobility) | As Needed | $ | $ | $ |
| **Supportive Services** | | | | |
| In-Home Care / Assistance | Weekly | $ | $ | $ |
| Transportation (Medical) | Per Trip | $ | $ | $ |

Additional Notes (Follow-up appointments, medication changes, or emergency fund allocations):