



**PAYMENTS MADE FOR MEDICAL EXPENSES**

From MM/DD/YY	To MM/DD/YY
---------------	-------------

Date paid	Name of patient	Payment made to	Decription of expenses	Amount paid
				\$ .
				\$ .
				\$ .
				\$ .
				\$ .
				\$ .
				\$ .
				\$ .
				\$ .
				\$ .
				\$ .
				\$ .
				\$ .
				\$ .
				\$ .
				\$ .
				\$ .
				\$ .
				\$ .
				\$ .
				\$ .
				\$ .
				\$ .
				\$ .
<b>TOTAL</b>				\$ .

**TRAVEL - please list only those trips that were made for services not available within 40Kms of your home**

Date	Name of patient	Destination	# Meals	Distance	Lodging costs
				km	\$
				km	\$
				km	\$
				km	\$
				km	\$
				km	\$
				km	\$
				km	\$
				km	\$
				km	\$
				km	\$
<b>TOTAL</b>				km	\$ .

(Please indicate if, for any trip, another person was required by doctor to accompany the individual)