

Itemized Out-of-Pocket Medical Expenses for a Family Contribution Appeal

Student's Name: _____ Student ID: _____

Instructions:

1. Chronologically, compile and numerically label each billing statement and payment receipt for each bill.
2. Fill out the chart below to match your labeled documents. List the company, patient, date of occurrence, amount owed on billing statement and the corresponding attachment number, and out-of-pocket amount paid and the corresponding attachment number.

This form is considered incomplete if there are missing attachments for any itemized expense listed below.

	Company Name	Patient Name	Date of Occurrence	Billing Statement Amount Owed	Attachment Number	Out-of-Pocket Amount Paid	Attachment Number
<i>Example:</i>	<i>Mercy Hospital</i>	<i>Jane Doe</i>	<i>01/05/2016</i>	<i>\$1,000</i>	<i>1</i>	<i>\$1,000</i>	<i>2</i>
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
Total:					Total:		

Additional Comments: