MEDICAL EXPENSE CHECK LIST

Please list below your medical expenses that are of a continuing nature. These include health insurance, doctors, dentists, eyeglasses, hearing aids, outstanding hospital or medical bills, for which you are making regular payments. Please include complete names, addresses of pharmacies, doctors, dentists, etc.

Family Member	Name & address (To whom you pay)	Amount	How Often

Please Sign Below

Head of Household	Date	Spouse/Co-Head of Household