

Use this form to keep track of your injury-related medical providers and their balances.

MEDICAL EXPENSES WORKSHEET

**at the end of treatment/release from care, obtain a complete itemized statement showing the costs and payments and final balance owed, if any*

Provider: _____ Phone Number: _____
Account #: _____ Doctor's Name: _____
Dates of Treatment: _____
Treatment Balance: \$ _____

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Account #: _____ Doctor's Name: _____
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Treatment Balance: \$ _____

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