

COSTS FOR MEDICAL AND DENTAL CARE DURING THE PAST 12 MONTHS

FROM:

TO:

PLEASE ANSWER THE QUESTIONS IN EACH SECTION BELOW FOR:

Name of person

IF EXACT AMOUNTS ARE NOT KNOWN, PLEASE ENTER YOUR BEST ESTIMATE.

DOCTORS' BILLS

1. How much did all of the doctors' (including surgeons') bills for this person come to during the past 12 months?

Be sure to count all doctors' bills for:

No doctors' bills

Operations	Check-ups	Pregnancy care	Laboratory fees	Immunizations or shots
Treatments	Deliveries	X-rays	Eye examinations	Any other doctors' services

\$

HOSPITAL BILLS

2. (a) Was this person in a hospital (nursing home, rest home, sanitarium, etc.) overnight or longer during the past 12 months?

Yes

No (Go to Question 3)

(b) How much did all of the hospital bills come to for this person for the past 12 months?

Be sure to count all hospital bills for:

Room and board	Operating and delivery room	Anesthesia	X-rays	Any other hospital services
		Special treatments	Tests	

\$

MEDICINE COSTS

3. About how much was spent for medicine for this person during the past 12 months?

Be sure to count costs for all kinds of medicine whether or not prescribed by a doctor, such as:

No costs for medicine

Tonics	Prescriptions	Ointments	Any other medicine
Pills	Salves	Vitamins	

\$

DENTISTS' BILLS

4. How much did all of the dentists' bills for this person come to for the past 12 months?

Be sure to count all dental bills for:

No dentists' bills

Fillings	Cleanings	Bridgework	Straightening of teeth	Any other dental services
Extractions	X-rays	Dental plates		

\$

SPECIAL MEDICAL EXPENSES

5. How much did the bills come to for this person during the past 12 months for:

None

None

None

Eye glasses?

\$

Special Nursing, Physical therapy, Speech therapy?

\$

Chiropractors' fees?

\$

None

None

None

Hearing Aids?

\$

Corrective shoes?

\$

Special braces or trusses, wheel chairs or artificial limbs?

\$

OTHER MEDICAL EXPENSES

6. Enter any other medical expenses incurred during the past 12 months which are not included above, showing the kind and amount of expenditure (for example, emergency or outpatient treatment in a hospital or clinic). (If no other medical expenses, check the "None" box.)

None

Kind:

\$

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PSU No.

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