

## SECTION "B" MEDICAL EXPENSE SHEET

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE OF LOSS: \_\_\_\_\_

CLAIM NUMBER: \_\_\_\_\_

ITEM	COST	WHY	WHO RECOMMENDED OR WHY IS IT NEEDED
<i>Example</i> Name of Prescription (ie. Tylenol #3)	\$25.84	Pain Medication	Dr. John Smith - To Control Pain
TOTAL			