

HEALTH CARE WORKSHEET

WHO'S ON YOUR PLAN

How many people will be covered by your plan? Count yourself, along with any of your family members (including children) who will be on your insurance plan. -- 10

MY HEALTH CARE NEEDS

of regular doctor's office visits in the next year? -- 1

of specialist office visits in the next year? EXAMPLES : Cardiologists, Endocrinologist -- 1

of lab visits Blood /Draws. -- 1

of overnight hospitalizations with surgery. -- 1

of overnight hospitalizations without surgery. -- 1

of out patient procedures /Draws. -- 1

of emergency room visits. -- 1

of pregnancies in the next year. -- 1

List of any other medical expenses in the next year? EXAMPLES : insulin pump, physical rehab, cancer treatment.

Answer : -Not Applicable-

MENTAL HEALTH CARE

of mental health care or counselling visits in the next year? -- 1

of alcohol or drug rehab in the next year? -- 1

of overnight psychiatric hospitalizations -- 1

List of any other medical expenses in the next year?

Answer : -Not Applicable-

MEDICATION AND SUPPLIES

of generic prescription medications filled every month? -- 1

of brand-name prescription medications filled every month? -- 1

of medical supplies purchased every month? EXAMPLES :syringes, diabetic test strips -- 1

List of any other medical expenses in the next year? EXAMPLES : oxygen, oxygen equipment.

Answer : -Not Applicable-

VISION & HEARING CARE

of eye exams in the next year? -- 1

of eye glasses purchased in the next year? -- 1

of contact lenses purchased in the next year? -- 1

of eye surgeries in the next year? -- 1

of hearing exams in the next year? -- 1

of hearing aids or batteries in the next year? -- 1

List any other vision or hearing expenses next year:

Answer : -Not Applicable-

DENTAL CARE

# of the dental exams in the next year?	--	1
# of teeth cleanings in the next year?	--	1
# of cavity fillings in the next year?	--	1
# of root canals in the next year?	--	1
# of crown, bridges or dentures in the next year?	--	1
# of oral surgeries in the next year?	--	1
# of braces or orthodontia in the next year?	--	1

List any other dental expenses next year:

Answer : -Not Applicable-

CHRONIC CONDITIONS

Does anyone who will be covered on your health insurance plan have:

-Not Applicable-

OTHERS:

Answer : -Not Applicable-