LIST OF ORDINARY HEALTH CARE EXPENSES

Case number: _____

Please use the table below to list the health care expenses incurred this calendar year up to the first $289 per child or $345 per child based on the amount stated in your order for annual ordinary health care. Extraordinary health care expenses must be listed on the Request For Health Care Expense Payment form.

Child receiving service	Health care provider	Date of service	Type of service	Cost of service	Amount paid by insurance	Out-of-pocket cost

Grand total: $_____