

Your Health Care

Record Keeper

*You may use this record keeper
to help prepare for your
MEPS interviews.*

*Each time you or
a family member
receives health care,
fill out a block on
the following pages.*



Agency for Healthcare Research and Quality
Centers for Disease Control and Prevention
U.S. Department of Health and Human Services

MEPS
Medical Expenditure Panel Survey

OMB #0935-0118
14-450
40844.0314.6050020301

**Each time you or a family member receives health care,
record the following information:**

Example

Name Jane Doe

Date of Visit January 15, 2014

Provider Name Dr. Eric West

Reason for Visit Ear Infection

Total Charge \$75

Payment by Family \$25

Payment by Other \$50

Prescriptions Amoxicillin 20mg TAB

Name _____

Date of Visit _____

Provider Name _____

Reason for Visit _____

Total Charge _____

Payment by Family _____

Payment by Other _____

Prescriptions _____

Name _____

Date of Visit _____

Provider Name _____

Reason for Visit _____

Total Charge _____

Payment by Family _____

Payment by Other _____

Prescriptions _____

Name _____

Date of Visit _____

Provider Name _____

Reason for Visit _____

Total Charge _____

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Contact Information.
List your family's health care providers:

Name _____

Address _____

Phone _____

Name _____

Address _____

Phone _____

Name _____

Address _____

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