

*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 \_\_\_\_\_

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Total Charge \_\_\_\_\_

Payment by Family \_\_\_\_\_

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Prescriptions \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

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