3.6875 panel width
3_11/16

3.6562 panel width
3_21/32

3.625 panel width
3_5/8

3.625 panel width
3_5/8

3.6562 panel width
3_21/32

3.6875 panel width
3_11/16

MEPS

Medical Expenditure Panel Survey

Name _____
Address _____
_____
_____
Phone _____

Name _____
Address _____
_____
_____
Phone _____

Name _____
Address _____
_____
_____
Phone _____

Name _____
Address _____
_____
_____
Phone _____

Name _____
Address _____
_____
_____
Phone _____

Name _____
Address _____
_____
_____
Phone _____

Name _____
Address _____
_____
_____
Phone _____

Name _____
Address _____
_____
_____
Phone _____

Name _____
Address _____
_____
_____
Phone _____

Name _____
Address _____
_____
_____
Phone _____

Name _____
Address _____
_____
_____
Phone _____

Name _____
Address _____
_____
_____
Phone _____

Name _____
Address _____
_____
_____
Phone _____

Name _____
Address _____
_____
_____
Phone _____

Name _____
Address _____
_____
_____
Phone _____

Name _____
Address _____
_____
_____
Phone _____

Name _____
Address _____
_____
_____
Phone _____

Name _____
Address _____
_____
_____
Phone _____

Name _____
Address _____
_____
_____
Phone _____

Name _____
Address _____
_____
_____
Phone _____

Your Health Care

Record Keeper

Agency for Healthcare Research and Quality
U.S. Department of Health and Human Services

MEPS
Medical Expenditure Panel Survey

1652538799.1021

OMB #0935-0118
22-450

3.6875 panel width
3_11/16

3.6562 panel width
3_21/32

3.625 panel width
3_5/8

3.625 panel width
3_5/8

3.6562 panel width
3_21/32

3.6875 panel width
3_11/16

Instructions

You may use this record keeper to help prepare for your MEPS interviews. Each time you or a family member receives health care, record the following information:

- household member's name
- date of the visit or phone call
- name of health care provider
- reason for the visit or phone call
- charge and payment information
- any medications prescribed

On the back of the record keeper there is space to record your health care providers' contact information.

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 _____
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 _____
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 _____
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 _____
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 _____
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 _____
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 _____
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 _____
Payment by Family _____
Payment by Other _____
Prescriptions _____

3.6875 panel width
3_11/16

3.6562 panel width
3_21/32

3.625 panel width
3_5/8

3.625 panel width
3_5/8

3.6562 panel width
3_21/32

3.6875 panel width
3_11/16