

Patient Name: _____

Type of Expenses	Monthly Payment	Balance Owed
Mortgage or Rent	_____	_____
Water	_____	_____
Electric	_____	_____
Phone	_____	_____
Cable	_____	_____
Car Payment	_____	_____
Car Insurance	_____	_____
Credit Cards	_____	_____
Personal Loans	_____	_____
Hospital & Doctor	_____	_____
Miscellaneous	_____	_____
Food	_____	_____
SUB TOTAL	<input type="text"/>	<input type="text"/>