

Financial and Insurance Information

Items v	vou may	v wish to	include	in this	section o	fvour	binder
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	Copy of consent for release of information
	Explanation of benefits (EOB)
	Phone log of calls with the insurance company
	Copy of financial assistance applications
	Insurance policy coverage information
	Bills for services and equipment
	Copies of payments made
П	Conv of most recent tax statement



Telephone Call Record

Date of call:	Individual with whom you spoke:
Phone number:	Institution/Location:
Reason for call:	Notes and follow-up:
Date of call:	Individual with whom you spoke:
Phone number:	Institution/Location:
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