

Uncovered Medical Expenses Reimbursement Table

Case Number:

Percent Owed (Write as Decimal) by Opposing Party (OP)

#	Date of Bill	Bill Provider	Total Bill Amount	Amount Owed by OP	Date Provided to OP	Date OP was to Reimburse
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						

TOTAL