

PATIENT RESOURCE




SAMPLE BUDGET WORKSHEET

MONTH: _____	Estimated	Actual
Sources of income		
Take-home salary (after taxes and deductions)	\$	\$
Social Security/Supplemental Security Income	\$	\$
Disability benefits (short-term or long-term)	\$	\$
Investments	\$	\$
Total income	\$	\$
Routine expenses		
Mortgage	\$	\$
Utilities	\$	\$
Groceries	\$	\$
Credit cards	\$	\$
Car loan	\$	\$
Other loans	\$	\$
Cellphone plan	\$	\$
Cable or satellite television plan	\$	\$
Housecleaning or landscaping services	\$	\$
Insurance premiums (health, life, house, car, etc.)	\$	\$
Child or elder care	\$	\$
Total routine expenses	\$	\$
Out-of-pocket medical expenses		
Health insurance deductible	\$	\$
Co-payments or co-insurance	\$	\$
Prescription drugs	\$	\$
Transportation for care (including parking fees)	\$	\$
Medical supplies, devices	\$	\$
Caregiving/at-home care	\$	\$
Meal preparation	\$	\$
Legal or financial services	\$	\$
Counseling (self or other family members)	\$	\$
Total medical expenses	\$	\$
Special expenses		
Extra activities	\$	\$
Travel	\$	\$
Education	\$	\$
Other	\$	\$
Total special expenses	\$	\$
Total expenses (sum of routine expenses, medical expenses and special expenses)	\$	\$
Total after expenses (total income minus total expenses)	\$	\$