

**2009**  
**Monthly**  
**Planner**

# 2008

## January

Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

## February

Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	

## March

Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

## April

Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
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20	21	22	23	24	25	26
27	28	29	30			

## May

Su	M	Tu	W	Th	F	Sa
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4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

## June

Su	M	Tu	W	Th	F	Sa
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8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
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## July

Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
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20	21	22	23	24	25	26
27	28	29	30	31		

## August

Su	M	Tu	W	Th	F	Sa
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10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
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## September

Su	M	Tu	W	Th	F	Sa
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7	8	9	10	11	12	13
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## October

Su	M	Tu	W	Th	F	Sa
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19	20	21	22	23	24	25
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## November

Su	M	Tu	W	Th	F	Sa
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## December

Su	M	Tu	W	Th	F	Sa
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7	8	9	10	11	12	13
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21	22	23	24	25	26	27
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# 2009

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# 2010

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# 2009 Monthly Planner

## **A convenient way to keep track of your health care events**

- Mark your monthly planner with all doctor and dentist appointments and visits.
- Record the reason for each visit and the name of the health care provider or facility.
- Write down the names of any prescribed medicines or refills.
- Record the total cost and any amount that you or other sources, such as insurance, paid for the visit.

## **Also remember to record these additional health events**

- Hospital admission or visits to an emergency room (ER)
- Visits to an outpatient department (OPD) at a hospital

- Telephone calls to a doctor or health care person
- Telephone calls to obtain test results or medical advice
- Admission to a nursing home
- Home visit by a doctor, nurse, or other health care person
- Missed work or school days because of a physical or mental health problem
- Days spent in bed because of illness or injury

## **And record these other medical expenses**

- Eyeglasses
- Diabetic equipment (including insulin)
- Ambulance services
- Crutches or wheelchairs

*Place any*

Bills

Receipts

Statements

Explanation of benefits

Business cards from your medical providers

*in this pocket.*



**MEPS**  
*Medical Expenditure Panel Survey*