Form EI-18

Family Out-of-Pocket Medical Expenses Tracking Sheet

	Child's DOD		Family yearly income					
!	Cuild & DOR	ramı	iy yeariy income					
	Out-of-pocket medical exp	Out-of-pocket medical expenses from form E-17						
For EI service coordinator submission to DODD: Early Intervention forms EI-15, EI-16, EI-17 attached with IFSP? Yes No								
Date payment was made	Payment was for	Amount of Amount paid by you medical expense (Attach receipts for amounts over \$100)						
	ention forms EI-15,	Out-of-pocket medical expect of the coordinator submission to DODD: ention forms EI-15, EI-16, EI-17 attached with IFSI	Out-of-pocket medical expenses from form E-17 ce coordinator submission to DODD: ention forms EI-15, EI-16, EI-17 attached with IFSP? Yes					





hild's name							
Receipt number	Date payment was made	Payment was for:	Amount of medical expense	Amount paid by you (Attach receipts for amounts over \$100			

'ay Dya ayana Ulaa Only						
For Program Use Only						
Out-of-pocket medical expense met? Yes Department's authorized initials						