

Medical and Other Expenses

To ensure the best success with the first term budget system, students and sponsors are asked to examine their medical and other expenses. Please note these are for estimation purposes only. We ask that students transfer their current prescriptions to Safeway on Century Drive. Students will pay their medication costs with prepaid Safeway cards. Other medical expenses will be added to the prepaid visa.

Medications currently being taken:

Medication: _____	Cost/Co-pay (per month): _____
Medication: _____	Cost/Co-pay (per month): _____
Medication: _____	Cost/Co-pay (per month): _____
Medication: _____	Cost/Co-pay (per month): _____
Medication: _____	Cost/Co-pay (per month): _____
Medication: _____	Cost/Co-pay (per month): _____

Total Estimated Cost Per Month: _____

Other Medical Expenses:

Therapy: _____	Cost/Co-pay(per week): _____
Doctor visits: _____	Cost/Co-pay(per week): _____
Other: _____	Cost/Co-pay(per week): _____

Total Estimated Cost Per Week: _____

Other Projected Costs:

Expense: _____	Cost Per Week: _____
Expense: _____	Cost Per Week: _____
Expense: _____	Cost Per Week: _____

Total Estimated Cost Per Week: _____

Total Costs:

Medication cost per month: _____ X 3 (Months)= _____

Other Medical Expenses per week: _____ X 13 (Weeks)= _____

Other Projected Costs: _____ X(13 Weeks)= _____

Grand Total Extra Expenses per term: _____

