**USE INSTRUCTIONS:**

**More detailed instructions are on the website** [**www.riderwoodlife.org**](http://www.riderwoodlife.org) **Search for** Caring Connections **Key Documents** Financial Tracking Tables Instructions**.**

**These Tables are Word Files.** The Tables will add additional rows to accommodate your data. To get an additional row, place your cursor in the last cell, lower right-hand corner of the table. Hit TAB on your keyboard and another row will appear. Repeat as needed. There is one generic item at the top as an example for you.

 **If you feel more comfortable using a tracking table on paper**, add several rows until you have enough and then print out for a paper version.

Either way, these tables will help you or your family member or agent know where you are with finances.

**INCOME TABLE 1 See your own expandable table 1 below.**

**First, complete the Account Name/s to ID any accounts you use to receive the Funds. ADD the Year at the top.**

**Add status for each source of income by columns:**

**A. List all Sources of Income, account to receive each:** Social Security, Cash Dividends (Interest, Stock Cash Dividends), Annuities, Gifts, IRAs, etc. Enter amounts received in appropriate check register, too.

**B. Give due dates** for your Funds to arrive: beginning, middle, end of month, subject to change.

**C. Add the Frequency\* of the arrival of the Fund**. Does it arrive monthly, quarterly, semi-quarterly or annually? Or subject to change? Add the month/s you receive the quarterly, or semi-annual, or annual funds.

**D. Add the duration\*\* of this Fund with full date when it ends: Lifetime, 20 years, 10 years, etc. Example: Ends 1/1/2029**

**E. Enter the method you have chosen to use for deposit of fund**: check, automatic payment (electronic), cash. **Make sure you enter all transactions, especially automated ones, in the selected Account Register.**

**#1 to 12 Indicates the months of the year** where you can mark income as received; include the date entered in check register**.**

**\*Frequency:**  If you are on Social Security or Pensions, these funds usually come monthly for your lifetime. For other sources of income like some annuities, you may have chosen the frequency for payment (monthly, quarterly etc.) when you set them up. A Stock Cash Dividend may be subject to change; it may arrive irregularly depending on earnings for that period. You also may choose to reinvest dividends in purchase of more stock. Reinvested Dividends do not get entered here.

**\*\*Duration:** An Annuity may be funded over different durations of time: lifetime, for 20 years, 5 years etc.

**Table 1 Income Account/s Used to Receive funds Year**

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| **A**  **Income****Source &****Acct used** | **B** **Date****Due**  | **C** **Fund****Frequency**  | **D** **Fund****Duration**  | **E Deposit Method** | **1****Jan** | **2 Feb** | **3 Mar** | **4 Apr** | **5 May** | **6 Jun** | **7 Jul** | **8 Aug** | **9 Sep** | **10 Oct** | **11 Nov** | **12 Dec** |
| Social SecurityBOA sv | Mid Month | Monthly | Lifetime | Direct Deposit | Recd1-15 | Recd2-14 | Recd3-15 | Recd4-16 |  |  |  |  |  |  |  |  |
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**TABLE 2 for EXPENSES: See your own personal and expandable tables below.**

**There are two sections for the Expenses Table 2:**

**Table 2A is for recurring bills that arrive regularly.** Examples: Rent, Cell Phones, Credit Cards used regularly, Medicare Premiums**\*** etc.

**\*Note** If you are on Social Security, your Medicare Premium is an automatic deduction from your Social Security payment. You will get a statement at the end of the year with all the amounts deducted; you should enter the Premium then in 2A. If you are not on Social Security, your Medicare Premium is a separate payment. That premium is an expense for you to pay and should be entered in 2A.

**Table 2B is for Occasional Bills that come irregularly**: Final Medical Bills, credit cards seldom used etc.

**First complete the Account Name/s assigned to each expense (if more than one account.) ADD the Year at the top.**

**Add status for each expense by columns:**

**A. List all Expenses in either 2A** or **2B. List the account used for paying each expense, if you have more than one account.**

**B. Give due dates** for payments: Mid-month, beginning or end of month, subject to change, upon receipt

**C. Add the Frequency of the arrival of the bill**. For Table **2A,** Does Recurring Bill arrive monthly, quarterly, semi-quarterly or annually? Add the month/s you pay the quarterly, or semi-annual, or annual bills. For Table **2B,** all arrive Occasionally.

**D. Enter the method you have chosen to use for payment**: check to be mailed, automatic payment (electronic), Bill-pay with electronic payment specifically authorized by you each month, cash.

**#1 to 12 Indicates the months of the year** where you can mark a bill as paid (pd) with date, amount. **Also enter payment in selected Account register**.

**Table 2A for Recurring Expenses Checking Account/s Year**

**\*Highlight any large bills (i.e. Insurance Premiums) paid 1-2x a year. Planning Cash Flow is critical here.**

| A Recurring Expenses /Account  | B Due Date | C Frequency of Bill | D Method of Payment | 1 PD Date Jan | 2 PD Date Feb | 3 PD Date Mar | 4 PD Date Apr | 5 PD Date May | 6 PD DateJun | 7 PD Date Jul | 8PDDateAug | 9 PDDate Sep | 10PDDateOct | 11PDDateNov | 12PDDateDec |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| RWV PNC ch | Upon receipt | Monthly | Bill-pay | Pd1-16 | Pd 2-15 | Pd3-15 |  |  |  |  |  |  |  |  |  |
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| A Occasional Expenses /Account  | B Due Date | C Frequency of Bill | D Method of Payment | 1 PD DateAMT  | 2 PD Date AMT | 3 PD Date AMT  | 4 PD Date AMT  | 5 PD Date AMT  | 6 PD Date AMT | 7 PD Date AMT  | 8PDDate AMT | 9 PDDate AMT  | 10DDateAMT | 11PDDateAMT | 12PDDate AMT |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| AMEX PNC ch | Mid-Month | Occasional | check |  | 2-16134.00 |  |  |  |  |  |  |  |  |  |  |
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**Table 2B for Occasional Expenses Name/s Account/s: Year**

**TABLE 3 tracks MEDICAL CLAIMS ONLY when your situation meets these criteria:**

**1. your provider accepts your health insurance/s,**

**2. your provider asks you to pay all fees in full at point of service**

**3. then you await the reimbursements from the insurer/s to you. \***

**ASK Providers if they will file the claims for you; some Providers will ask that you file the claims with insurer/s.**

**In column D, select Provider OR Patient as filer of claims as appropriate.**

* **NOTE: If you paid the provider only the copay and fees for uncovered services, you do not need this table. Enter those amounts in Table 2B.**

**First, complete the Account Name/s and the Year at the top.** If you use multiple accounts, include them in column B too.

**Add status for each Medical Provider by columns:** *Edit the column headings as needed to fit your situation examples***.**

A. List all Medical Providers and the claim #:

B. Account/s used for Processing, if multiple accounts.

C. Accepts your Health Insurance/s YES

D. Who processes your Health Insurance Claims? Select Provider or Patient

E. Date of Service, Amount of Payment in full or co-pay by patient.

F. Assigned party files claim to Insurer 1. Mark Date filed, amount of reimbursement when received.

G. Assigned Party files claim to Insurer 2, if applicable; Mark date filed, amount of reimbursement when received.

H. Total amount paid after reimbursements. **Subtract reimbursements from total paid. Enter remainder in Table 2B for Occasional Expenses**

**TABLE 3 Track Processing Medical Claims ACCOUNTS USED: YEAR:**

**\*Enter final expenses from column H in Table 2B as Occasional Expense.**

|  |  |  |  |  |  |  |  |  |
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| **A Medical Provider & Claim #** | **B** **Account/s Used**  | **C****Accepts my Insurance/s** | **D Select Patient or Provider for****Filing Claims** | **E Date of Service****Total Amt paid** | **F Claim, date filed to insurer 1,****Amount reimbursed** | **G Claim, date filed to Insurer 2 if needed, Amount****reimbursed** | **H Date Total unreimbursed out of pocket expense** **Enter in Table 2B** |  |
| Dr RB Jones35785 | PNC ch | YES | Provider | 6-2-20$352.00 | 6-19-20$182.00 | 7-8-20$20.00 | 7-8-20$150.00\* |  |
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