Atomic Home

Binder


Atomic Home
BINDER

January

Bill Type	Company	Due Date	Amt Due	Date Pd	Amt Pd	Pymt Method	Confirmation #

Week of:	Week of:	Week of:	Week of:	Week of:

February

Bill Type	Company	Due Date	Amt Due	Date Pd	Amt Pd	Pymt Method	Confirmation #

Week of:	Week of:	Week of:	Week of:	Week of:

March

Bill Type	Company	Due Date	Amt Due	Date Pd	Amt Pd	Pymt Method	Confirmation #

Week of:	Week of:	Week of:	Week of:	Week of:

April

Bill Type	Company	Due Date	Amt Due	Date Pd	Amt Pd	Pymt Method	Confirmation #

Week of:	Week of:	Week of:	Week of:	Week of:

May

Bill Type	Company	Due Date	Amt Due	Date Pd	Amt Pd	Pymt Method	Confirmation #

Week of:	Week of:	Week of:	Week of:	Week of:

June

Bill Type	Company	Due Date	Amt Due	Date Pd	Amt Pd	Pymt Method	Confirmation #

Week of:	Week of:	Week of:	Week of:	Week of:

July

Bill Type	Company	Due Date	Amt Due	Date Pd	Amt Pd	Pymt Method	Confirmation #

Week of:	Week of:	Week of:	Week of:	Week of:

August

Bill Type	Company	Due Date	Amt Due	Date Pd	Amt Pd	Pymt Method	Confirmation #

Week of:	Week of:	Week of:	Week of:	Week of:

September

Bill Type	Company	Due Date	Amt Due	Date Pd	Amt Pd	Pymt Method	Confirmation #

Week of:	Week of:	Week of:	Week of:	Week of:

October

Bill Type	Company	Due Date	Amt Due	Date Pd	Amt Pd	Pymt Method	Confirmation #

Week of:	Week of:	Week of:	Week of:	Week of:

November

Bill Type	Company	Due Date	Amt Due	Date Pd	Amt Pd	Pymt Method	Confirmation #

Week of:	Week of:	Week of:	Week of:	Week of:

December

Bill Type	Company	Due Date	Amt Due	Date Pd	Amt Pd	Pymt Method	Confirmation #

Week of:	Week of:	Week of:	Week of:	Week of:

Bill Payment Checklist

Bill	Due	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
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Emergency Information

In case of emergency call 911

Doctor _____ Phone _____
Pediatrician_____ Phone _____
Hospital _____ Phone _____
Urgent Care _____Phone _____
Pharmacy _____ Phone _____
Dentist _____ Phone _____
Vet _____ Phone _____
Poison Control _____ Phone _____
Gas Co. _____ Phone _____
Water Co. _____Phone _____
Electric Co. _____ Phone _____
Fire Dept. _____Phone _____
Police Dept. _____Phone _____
Relative _____ Phone _____
Relative _____ Phone _____
Neighbor _____ Phone _____
Family Friend _____ Phone _____
Family Friend _____ Phone _____

Medical Insurance Provider _____
Phone # _____ Website _____
Policy # _____ Username _____
Group # _____ Password _____

Auto Insurance Provider _____
Phone # _____ Website _____
Policy # _____ Username _____
Group # _____ Password _____

Utilities and Services Contact List

Electric Co. _____ Website _____
Phone _____ Username _____
Acct # _____ Password _____
Emergency Phone _____
Contract Expiration _____

Gas Co. _____ Website _____
Phone _____ Username _____
Acct # _____ Password _____
Emergency Phone _____

Water Co. _____ Website _____
Phone _____ Username _____
Acct # _____ Password _____
Emergency Phone _____

Cell _____ Website _____
Phone _____ Username _____
Acct # _____ Password _____
Contract Expiration _____

Internet _____ Website _____
Phone _____ Username _____
Acct # _____ Password _____
Discount Expiration _____

Cable __ _____ Website _____
Phone _____ Username _____
Acct # _____ Password _____
Discount Expiration _____

Trash_____ Website _____
Phone _____ Username _____
Acct # _____ Password _____
Pickup Days _____

Insurance Information

Medical Insurance Provider _____

Phone # _____ Website _____

Policy # _____ Username _____

Group # _____ Password _____

Name_____ ID #_____ Name_____ ID #_____

Name_____ ID #_____ Name_____ ID #_____

Name_____ ID #_____ Name_____ ID #_____

Name_____ ID #_____ Name_____ ID #_____

Dental Insurance Provider _____

Phone # _____ Website _____

Policy # _____ Username _____

Group # _____ Password _____

Vision Insurance Provider _____

Phone # _____ Website _____

Policy # _____ Username _____

Group # _____ Password _____

Auto Insurance Provider _____

Phone # _____ Website _____

Policy # _____ Username _____

Group # _____ Password _____

Home Insurance Provider _____

Phone # _____ Website _____

Policy # _____ Username _____

Group # _____ Password _____

Flood Insurance Provider _____

Phone # _____ Website _____

Policy # _____ Username _____

Group # _____ Password _____

Our Medical Yellow Pages

Insurance Provider _____

Phone # _____ Website _____

Policy # _____ Username _____

Group # _____ Password _____

Insurance Provider _____

Phone # _____ Website _____

Policy # _____ Username _____

Group # _____ Password _____

	Name	Phone #
PCP #1	_____	_____
PCP #2	_____	_____
Pediatrician	_____	_____
OBGYN	_____	_____
Dentist	_____	_____
Pediatric Dentist	_____	_____
Orthodontist	_____	_____
Optometrist	_____	_____
Chiropractor	_____	_____

Hospital _____ _____

Address _____

Clinic #1 _____ Clinic #1 _____

Address _____ Address _____

_____ _____

Phone # _____ Phone # _____

Hours _____ Hours _____

Doctor Visits

Name: _____

Date _____ Doctor _____
Hospital/Clinic Name/City _____
Reason for Visit _____
Test Results _____
Prescriptions _____

Date _____ Doctor _____
Hospital/Clinic Name/City _____
Reason for Visit _____
Test Results _____
Prescriptions _____

Date _____ Doctor _____
Hospital/Clinic Name/City _____
Reason for Visit _____
Test Results _____
Prescriptions _____

Date _____ Doctor _____
Hospital/Clinic Name/City _____
Reason for Visit _____
Test Results _____
Prescriptions _____

Date _____ Doctor _____
Hospital/Clinic Name/City _____
Reason for Visit _____
Test Results _____
Prescriptions _____

Important Dates

January	February	March	April

May	June	July	August

September	October	November	December

Project Planner

Project _____

Materials Needed	Cost	Where to Find It

Project Steps	Due Date

Notes

School/Class/Teacher Info

Student _____ School Start Time _____ School End Time _____

Class	Day	Class Time	Class Name	Teacher	Teacher Contact Info

Other Contacts	Phone	Email

Medications List

Name	Medication	Reason Taken	Dosage	Frequency	Form	Prescribing Dr

Medical Expenses _____
Year

Medical	Date Paid	Paid to	Amt Paid	Pymt Type	Conf #	Point of Contact
Dental						
Vision						

Medical Expenses _____
Year

Prescriptions	Date Paid	Paid to	Amt Paid	Pymt Type	Conf #	Point of Contact
Other						