

Atomic Mom Blog

January

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

| Week of: |
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February

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August

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September

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October

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November

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December

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

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Bill	Due	Jan	ьер	Mar	Apr	мау	Jun	Jui	Aug	Sept	Oct	NOV	Dec

Emergency Information In case of emergency call 911

Doctor	Phone
Pediatrician	Phone
Hospital	
/ Urgent Care	
Pharmacy	
Dentist	Phone
\rightarrow Vet	Phone
Poison Control	Phone
/ Gas Co	
\ Water Co	
Electric Co	Phone
//ackslash Fire Dept	
$\left\langle \hspace{0.1cm} ight angle$ Police Dept	
ackslashackslashackslashackslash Relative	
Relative	
Neighbor	
Family Friend	
Family Friend	
Medical Insurance Provider	
Phone #	Website
Policy#	Username
Croup #	Password
Auto Insurance Provider	
Phone #	Website
Policy #	
Group #	Password
/	

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Utilities and Services Contact List

Electric Co.	Website	
	Username	
	Password	
Emergency Phone		
Gas Co.	Website	
> Phone	Username	
Acct #		
Emergency Phone		
Water Co.	Website	
Phone	Username	
Acct #		
Emergency Phone		
Cell	Website	
Phone		
\ Acct #		
Contract Expiration		
Internet	Website	
Phone		
Acct #	Password	
Discount Expiration		
//Cable	Website	
/ Phone		
	Password	
Discount Expiration		
Trash	Website	
 Phone	Username	
	Password	
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Insurance Information

Phone #		Website	
Policy #		Username	
Group #		Password	
, —	ID#		ID #
	ID #	Name	ID #
	ID #	Name	ID #
	ID #		ID #
Dental Insura	ance Provider		
_ hone #		Website	
Policy #		Username	
Group #		Password	
)	nce Provider _		
Phone #		Website	
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Group #		Password	
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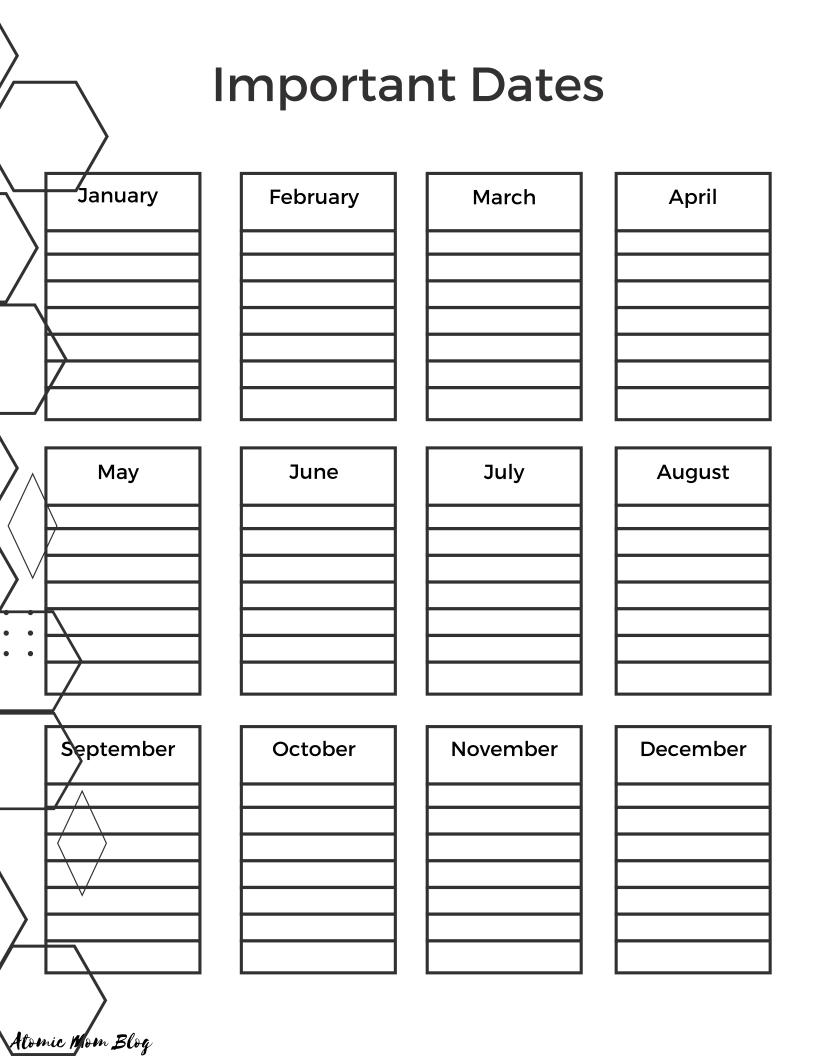
Our Medical Yellow Pages

Insurance Provider		
Phone #	Websit	te
Policy #		ne
\rangle Group #		rd
Insurance Provider		
Phone #	Websit	te
Policy #	Usernar	me
G oup #		rd
_	Name	Phone #
PCP #1		
^PCP #2		
Pediatrician		
OBGYN		
∨ Dentist		
Pediatric Dentist		
• Orthodontist		
• Optometrist		
Chiropractor		
$\overline{}$		
Hospital		
Address		
Clinic #1	Clinic #1	
Address		
Phone #		
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Doctor Visits

-//	Name -
	> Name:
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•/	Date Doctor
• \	Hospital/Clinic Name/City
	Reason for Visit
	Test Results
$\overline{}$	Prescriptions
	Date Doctor
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*	Reason for Visit
• \	Test Results
	Prescriptions
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	Date Doctor
>	Hospital/Clinic Name/City
	Reason for Visit
/	Test Results
	Prescriptions
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Project Planner

P	roject		
L	Materials Needed	Cost	Where to Find It
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/ L	Project Steps		Due Date
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School/Class/Teacher Info

Student			School St	art Time	School End Time
Class	Day	Class Time	Class Name	Teacher	Teacher Contact Info
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	-				_
		Other Contacts	s 	Phone	Email
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		Medica	ation	s list		
Name	Medication	Reason Taken	Dosage	Frequency	Form	Prescribing Dr
		 				
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Medical Expenses

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

Medical Expenses

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