Atomic Home Binder



January

Bill Type Company Due Date Amt Due Date Pd Amt Pd Pymt Method Confir	mation #
Week of: Week of: Week of: Week o	f:

February

Bill Type	Compan	ıy [Due Date	Amt Due	Date Pd	Amt Pd	Pymt Method	Confirmation #
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March

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

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

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May

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

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June

Bill Type	Company	Due Date	Amt Due	Date Pd	Amt Pd	Pymt Method	Confirmation #
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Week of:		Week of:	,	Week of:	:	Week	c of:	Week of:

August

Bill Type	Compar	ny Due	Date /	Amt Due	Date Pd	Amt Pd	Pymt Method	Confirmation #
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Week of:	\	Week of:		Week of	Week of:		of:	Week of:

September

Bill Type	Compa	any	Due Date	Amt Due	Date Pd	Amt Pd	Pymt Method	Confirmation #
Week of:		Wee	k of	Week of	,	Week	(of:	Week of:
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October

Bill Type	Company	Due Date	Amt Due	Date Pd	Amt Pd	Pymt Method	Confirmation #
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| Week of: |
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November

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December

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

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

Emergency Information In case of emergency call 911

Doctor	Phone
Hospital	Phone
Urgent Care	Phone
Pharmacy	Phone
Dentist	Phone
Vet	
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.	Wedsite
	Username
	Password
Emergency Phone	
Contract Expiration	
Gas Co	Website
Phone	
	Password
Emergency Phone	
Water Co.	Website
Phone	Username
Acct #	
Emergency Phone	
Cell	Website
Phone	Username
Acct #	Password
Contract Expiration	
Internet	Website
Phone	
Acct #	
Discount Expiration	
Cable	Website
Phone	Username
Acct #	Password
Discount Expiration	
Trash	Website
	Username
	Password

Insurance Information

Medical Insurance Provider	
Phone #	Website
Policy #	Username
Group #	Password
Devoted Income as Ducy delay	
Dental Insurance Provider	
Phone #	_ Website
Policy #	_ Username
Group #	_ Password
Vision Insurance Provider	
Phone #	Website
Policy #	Username
Group #	Password
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Auto Insurance Provider	
Phone #	Website
Phone #	
Phone #	
Phone #	Username
Phone #	Username _ Password
Phone # Policy # Group # Home Insurance Provider	Username
Phone # Policy # Group # Home Insurance Provider Phone #	Username Password Website Username
Phone # Policy # Group # Home Insurance Provider Phone # Policy #	Username Password Website Username
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Phone # Policy # Group # Home Insurance Provider Phone # Policy # Group #	Username Password Website Username
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Our Medical Yellow Pages

Insurance Provider	
Phone #	
Policy #	Username
Group #	December
Insurance Provider	
Phone #	Website
Policy #	Username
Group #	Password
N	lame Phone #
PCP #1	
PCP #2	
Pediatrician	
OBGYN	
Dentist	
Pediatric Dentist	
Orthodontist	
Chiropractor	
Hospital	
Address	
Clinic #1	Clinic #1
Address	Address
· · · · · · · · · · · · · · · · · · ·	
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
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Project Planner

	Project		
	Materials Needed	Cost	Where to Find It
A			
	Project Steps		Due Date
		Notes	
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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
		Other Contacts	S	Phone	Email

Medications List

Name	Medication	Reason Taken	Dosage	Frequency	Form	Prescribing Dr
	-					

Medical Expenses

Year

					Year	
Medical	Date Paid	Paid to	Amt Paid	Pymt Type	Conf #	Point of Contact
Dental						
- Berrar						
Vision						
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Medical Expenses

Year

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