Joysanne Sidimus Fund
Patient Tracking Form*

*Each recipient is responsible for tracking their own usage of the Fund.

INSTRUCTIONS: Consult the **Fee Schedule for Subsidized Services** document to fill in the **Amount Paid From Fund** for each service. Subtract the **Amount Paid From Fund** from the latest **Remaining Fund Amount** to calculate the remaining Fund amount.

EXAMPLE:

Date	Service	Amount Paid from Fund	Remaining Fund Amount
		Initial Fund Amount:	**$ 760.00**
January 10, 2015	Physiotherapy - 1 hour	$67.50	$760.00 - $67.50 **=$692.50**
February 10, 2015	Physiotherapy - 1 hour	$67.50	$602.50 - $67.50 **=$625.00**

Date	Service	Amount Paid from Fund	Remaining Fund Amount
		Initial Fund Amount:	**$ 760.00**