[Current Date]

[Sender Name]
[Address]
[City, State, Zip Code]
[Phone Number]

To: [Recipient Name/Organization]
Subject: Year-End Medical Expense Summary for [Year]

Dear [Recipient Name],

Please find below the summary of medical expenses incurred by the [Family Name] family for the period of January 1, [Year] to December 31, [Year]. This summary is provided for [tax purposes/reimbursement/record keeping].

Date of Service	Patient Name	Provider/Facility	Service Description	Amount Paid
[Date]	[Name]	[Provider]	[Description]	$[0.00]
[Date]	[Name]	[Provider]	[Description]	$[0.00]
			Total Expenses:	**$[0.00]**

The total out-of-pocket medical expenditure for the family account this year is $[Total Amount]. Attached to this letter are the corresponding receipts and invoices for your verification.

Please contact me at [Phone Number] or [Email Address] if you require any further information or documentation.

Sincerely,

[Signature]

[Printed Name]