[Your Name]
[Your Address]
[Your Phone Number]
[Your Email]

[Date]

[Recipient Name/Organization]
[Recipient Address]
[City, State, Zip Code]

Subject: Comprehensive Annual Medical Expense Summary - Year [Year]

To Whom It May Concern,

This letter provides a comprehensive summary of the medical expenses incurred by **[Patient Name]** for the calendar year **[Year]**. This document is intended for **[Tax Deduction / Reimbursement / Insurance / Record Keeping]** purposes.

Below is the itemized breakdown of costs paid out-of-pocket:

Date of Service	Provider/Pharmacy Name	Service Type (Visit/Medication/Lab)	Amount Paid
[MM/DD/YYYY]	[Name]	[Description]	$[0.00]
[MM/DD/YYYY]	[Name]	[Description]	$[0.00]
Total Annual Medical Expenses:			**$[0.00]**

I certify that the information provided above is accurate and that these expenses were paid in full during the specified year. Detailed receipts and Explanation of Benefits (EOB) statements are available upon request for verification.

Sincerely,

[Your Signature]

[Your Printed Name]