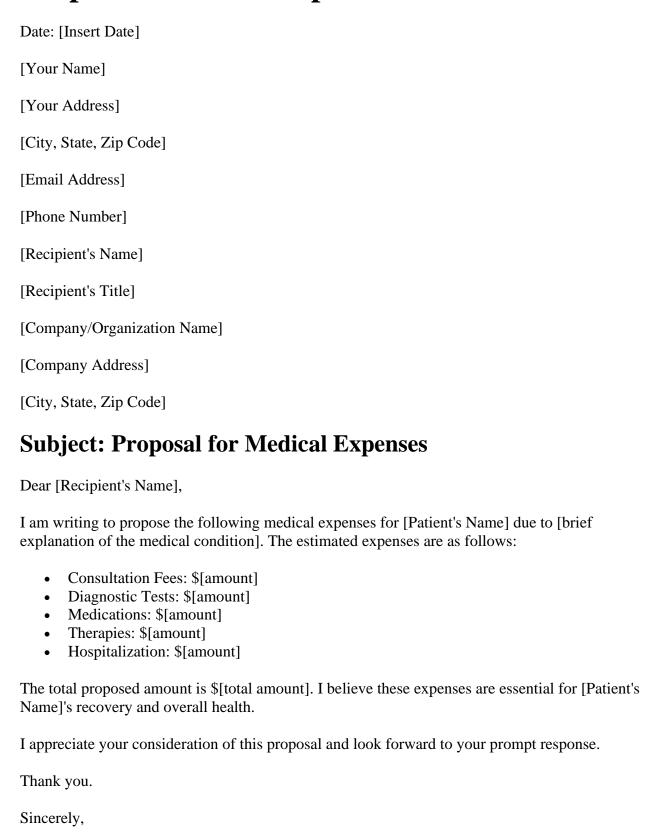
Proposed Medical Expenses



[Your Name]