

Worksheet for Medical Expenses

Medical Expenses	
Prescription Drugs	_____
Dental Services	_____
Private Medical/Dental Insurance Premiums	_____
Vision Care	_____
<i>Other (please explain):</i>	_____
<i>Other:</i>	_____
<i>Other:</i>	_____
<i>Other:</i>	_____
<i>Other:</i>	_____
<i>Other:</i>	_____
<i>Other:</i>	_____
<i>Other:</i>	_____
Total Expenses	_____
Less: Amounts Reimbursed by Insurance Provider	_____
Eligible Medical Expenses	=====

Additional Notes:
