

20__ MEDICAL EXPENSE WORKSHEET



	NAME _____	_____	_____
	S I N _____	_____	_____
Prescriptions:	\$ _____	\$ _____	\$ _____
Dental:	\$ _____	\$ _____	\$ _____
Optical:	\$ _____	\$ _____	\$ _____
Chiropractor:	\$ _____	\$ _____	\$ _____
Other -	\$ _____	\$ _____	\$ _____
Other -	\$ _____	\$ _____	\$ _____
Other -	\$ _____	\$ _____	\$ _____
Total Medical Expenses	\$ _____	\$ _____	\$ _____

Travel:			
Accommodations	Lodging Cost	\$ _____	\$ _____
	# of days	_____	_____
	# of meals	_____	_____
	# of KM's	_____	_____
Medical Premiums:		\$ _____	\$ _____

Please attach all Medical expense receipts

