

## Medical Expenses Worksheet

Client: \_\_\_\_\_

Tax Year: \_\_\_\_\_

Note: These expenses must be paid by the taxpayer and for the taxpayer's self, spouse, or dependent. Do not deduct expenses which are reimbursed by insurance or other sources.

<b>Medications and Drugs</b>			
Prescribed Controlled Substances		Other	
Insulin		<b>TOTAL MEDICATIONS AND DRUGS</b>	
<b>Doctors, Dentists, Psychiatrists, Chiropractors, C/S Practitioners, Acupuncture, Others</b>			
Dr.		Dr.	
Dr.		Dr.	
Dr.		Dr.	
Dr.		Dr.	
Dr.		Dr.	
Dr.		<b>TOTAL DOCTORS AND DENTISTS</b>	
<b>Hospitals</b>			
		<b>TOTAL HOSPITAL EXPENSES</b>	
<b>Insurance</b>			
Health Insurance		Contact Insurance	
Hospital Insurance		School Insurance	
Group Insurance		Supplemental Medicare	
Other Insurance		Other (no income protect plans)	
		<b>TOTAL INSURANCE PREMIUMS</b>	
<b>Other Medical and Dental Expenses</b>			
Anesthesia			
Oxygen			
Laboratories			
Nurses			
Ambulance			
Psychiatric Care			
Mental Therapy			
Optometrists			
Hearing Aids			
Prescribed Pools and Spas			
Hospital Equipment			
Orthopedic Shoes			
Crutches			
Elastic Hose			
Heating Pads			
Humidifiers			
Asthmatic Air Conditioner			
Wheel Chair			
Repairs on Capital Improvements			
Wigs			
Prescribed Exercise Equipment			
Long Distance Telephone to Schedule Appointments			
Travel and Transportation Parking and Tolls			
		<b>TOTAL OTHER MEDICAL AND DENTAL EXPENSES</b>	