

Medical Expense Worksheet

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	Filer	Spouse
Health Insurance Premiums	_____	_____
Medicare Insurance Premiums <i>(usually found on SS Tax Form)</i>	_____	_____
<u>Miles Driven:</u> <i>For medical related purposes</i>	_____	_____
Parking fees, tolls, etc	_____	_____
<u>Expenses:</u>		
Prescription Medications	_____	_____
Fees for doctors, dentists, etc	_____	_____
Fees for hospitals, clinics, etc	_____	_____
Qualified long-term care premiums	_____	_____
Medical Aids <i>(eye glasses, contact lenses, hearing aids, braces, crutches, wheelchair, etc)</i>	_____	_____
Lodging for medical purposes <i>(up to \$50 per night per person)</i>	_____	_____
Other _____	_____	_____

*Keep a record of your receipts, but there is no need to include receipts in your packet.