

N.E. Bookkeeping & Tax Services
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Tax Year _____

Medical Expenses

Please note that if you have group insurance coverage for a portion of medical expenses, you should indicate "your portion paid" only in the "Amount" column.

Taxpayer Name _____

Group Insurance Coverage	Name of company	Policy Holder	Total Premium Paid
Company Name (1)			
Company Name (2)			

Prescription Drugs			
Name of Patient	Payment Made to	Details	Amount

Eye Doctor/ Eye Wear Expenses			
Name of Patient	Payment Made to	Details (type of expense)	Amount

Dental/Orthodontist			
Name of Patient	Payment Made to	Details	Amount

Other (Eg. Chiropractor/massage)			
Name of Patient	Payment Made to	Details	Amount

Note if there is medical travel, please contact our office for additional details re amounts eligible to claim.