



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.