



Worksheet for Medical Expenses

MEDICATIONS AND DRUGS:

Insulin _____
Other _____
Prescribed Controlled Substances _____
Total Medications and Drugs _____

HOSPITALS:

TOTAL HOSPITAL EXPENSE

Contact Insurance _____

Group Insurance _____

Health Insurance _____

Hospital Insurance _____

Other Insurance _____

School Insurance _____

Supplemental Medicare _____

Other Medical and Dental Expenses:

Ambulance _____

Anesthesia _____

Asthmatic Air Conditioner _____

Braces _____

Canes _____

Capital Improvements (Amount not adding to FMV) _____

Clinics _____

Contact Lenses _____

Crutches _____

Elastic Hose _____

Elevator for Heart Patient _____

Eye Glasses _____

Hearing Aid Batteries _____

Hearing Aids _____

Heating Pads _____

Hospital Equipment _____

Hospital Supplies _____

Humidifiers _____

Laboratories _____

Long Distance Telephone to Schedule Apointments _____

Massage Units _____

Mental Therapy _____

Nurses _____

Nurses Aides _____

Optometrists _____

Orthopedic Shoes _____

Oxygen _____

Physical Therapy _____

Prescribed Exercise Equipment _____

Prescribed Health Institutes, Gymnasium, _____

Swim Clubs _____

Prescribed Pools and Spas _____

Psychiatric Care _____

Psychologists _____

Repairs on Capital Improvements _____

Sanitariums _____

Special Schools for the Handicapped _____

Surgical Equipment _____

Travel and Transportation Lodging (\$50 max.) _____

Travel and Transportation Parking and Tolls _____

Vibrators _____

Water Fluoridation Systems _____

Wheel Chair _____

Wheelchair Ramps _____

Wigs _____

Xrays _____

Total other Medical and Dental Expenses:

Doctors, Dentists, Psychiatrists, _____

Chiropractors, _____

C/S Practitioners, Acupuncture, Others... _____

Dr. _____

Dr. _____

Dr. _____

Dr. _____

Dr. _____

Dr. _____

Dr. _____

Dr. _____

Dr. _____

Dr. _____

Dr. _____

Dr. _____

Dr. _____

Dr. _____

Dr. _____

Dr. _____

Dr. _____

Dr. _____

Dr. _____

Dr. _____

Dr. _____

Dr. _____