

MEDICAL EXPENSES

Prescription medication \$ _____

Health Insurance Premium \$ _____

Long-Term Care Taxpayer \$ _____ Insurance Co Name _____ Policy # _____

Long-Term Care Spouse \$ _____ Insurance Co Name _____ Policy # _____

Long-Term Care Dependent \$ _____ Insurance Co Name _____ Policy # _____

Fees for Doctors, Dentist etc \$ _____

Fees for hospitals, clinics etc \$ _____

Lab and X-Ray fees \$ _____

Eyeglasses and contact lenses \$ _____

Equipment and supplies \$ _____

Medical Transportation \$ _____

Miles driven for medical \$ _____

Lodging for medical care \$ _____

Other medical and dental \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____