



## Medical & Dental Expense Form

Medical & Dental Expenses	Amount in USD\$
Prescription Medications, Drugs, Insulin	
Doctor & Dentist Fees/Copayments	
Hospital, Clinic, & Nursing Fees	
Lab & X-Ray Fees	
Medical Aids (Glasses, Contacts, Hearing Aids, Braces, Crutches, Wheelchair, etc.)	
Medical Equipment & Supplies	
Medical Travel Expenses: <i>Number of Miles Driven:</i> _____	
- Parking Fees, Tolls, & Local Transportation Fees for Medical Activities	
- Lodging for Medical Purposes (up to \$50 per night / per person)	
Ambulance & Other Medical Emergency Transport Fees	
Health Insurance Premiums:	
- Medicare B Insurance Premiums	
- Medicare D Insurance Premiums	
- Self-Employed Health Insurance or Premiums Paid from K1	
- Qualified Long-Term Care Contract Premiums for Filer	
- Qualified Long-Term Care Contract Premiums for Spouse	
Other Medical / Dental Expenses:	

### Notes & Reminders:

- Do not include any medical expenses paid by someone else, reimbursed to you by your employer or health insurance carrier, or paid from your HSA or Flex Spending Account.
- Do not include any health insurance premiums paid by or through the Premium Tax Credit.
- You do **NOT** need to attach medical receipts.
- Please **KEEP** your receipts with our tax return copy for 7 years in case you are requested to send them to the IRS or State.