

# Use this worksheet to help calculate your out of pocket medical expenses.

Listed below are just a few of the items that we can use for the medical expenses area of the application. Fill in the total yearly amount of out of pocket expenses next to the category that it pertains to. This is for informational purposes only.....

**THIS WILL NOT BE MAILED TO THE DEPARTMENT OF REVENUE**

**List following out of Pocket Medical Expenses you had in 2022**

- |                                    |                                 |
|------------------------------------|---------------------------------|
| Prescriptions: \$ _____            | Heart: \$ _____                 |
| (Contact your Pharmacy for totals) | Glasses/Contacts: \$ _____      |
| Physician: \$ _____                | Dentures: \$ _____              |
| Eye Doctor: \$ _____               | Hearing Aids: \$ _____          |
| Hearing Doctor: \$ _____           | Hearing Aid Batteries: \$ _____ |
| Dentist: \$ _____                  | Canes: \$ _____                 |
| Medicare: \$ _____                 | Crutches: \$ _____              |
| Medicare Part D: \$ _____          | Walkers: \$ _____               |
| Supplemental Insurance: \$ _____   | Wheelchairs: \$ _____           |
| Chiropractor: \$ _____             | Insulin Syringes: \$ _____      |
| Nursing Home Insurance: \$ _____   | In Home Licensed Care: \$ _____ |
| Cancer Insurance: \$ _____         | Other: \$ _____                 |

**Approximate mileage to the Medical Appointments and/or Hospital in 2022**

Total Miles (January 1<sup>st</sup> through December 31<sup>st</sup>) \_\_\_\_\_ x (22 cent) = \$ \_\_\_\_\_

**List below any other medical expenses and the amounts that we have not listed above:**

1. \_\_\_\_\_ Total Amount \$ \_\_\_\_\_
2. \_\_\_\_\_ Total Amount \$ \_\_\_\_\_
3. \_\_\_\_\_ Total Amount \$ \_\_\_\_\_
4. \_\_\_\_\_ Total Amount \$ \_\_\_\_\_

**Total of above sections: \$ \_\_\_\_\_**