

## MEDICAL TRAVEL AND RECEIPT CHECKLIST

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| <ul style="list-style-type: none"> <li>PERSCRPTIONS</li> <li>DENTAL / ORTHODONTICS</li> <li>EYE GLASSES</li> <li>EYE EXAMS</li> <li>LAB FEES</li> <li>PARKING AT HOSPITAL OR DOCTORS OFFICES</li> <li>COMMUNITY CARE</li> <li>NURSING HOMES</li> <li>HOSPITAL CO-PAYMENT FEES</li> <li>ORTHOTICS</li> <li>MEDICAL INSURANCE</li> </ul> | <ul style="list-style-type: none"> <li>MENTAL HEALTH THERAPY</li> <li>ACCUPUNCTURE</li> <li>CHIROPRACTIC</li> <li>NATUROPATH / HOMEOPATH CONSULTATION ONLY</li> <li>DIABETIC SUPPLIES</li> <li>MASSAGE THERAPY</li> <li>FOOT CARE</li> <li>NURSING CARE</li> <li>MOST OTHER DEVICES AND/OR FEES CHARGED BY A LICENSED MEDICAL PRACTICIONER</li> </ul> |
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### MEDICAL TRAVEL

DATE:	DR. NAME	ADDRESS	NUMBER OF KM'S ONE WAY	CHECK IF ATTENDANT REQUIRED