

Medical Expense Worksheet

Name: _____ S.I.N.: _____

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Do not include the part of the medical expenses that your benefits plan reimbursed you for or paid for.

		\$
Prescriptions		_____
Dental		_____
Medical premiums		_____
Chiropractor		_____
Massage (not allowable expense in Alberta)		_____ N/A _____
Optical		_____
Medical travel insurance		_____
Other -		_____
Other -		_____
Travel	\$	
Meals - _____ # of meals x \$_____/meal		_____
Travel _____ # of km x \$_____/km (Parking costs not allowed)		_____
Accommodations		_____
Total Medical Expenses		_____
Please attach medical receipts		_____