AC Feltham & ASSOCIATES
Chartered Professional Accountants
Member of The AC Group of Independent Accounting Firms

Tax Year _____

Medical Expenses

Please note that if you have group insurance coverage for a portion of medical expenses, you should indicate "your portion paid" only in the "Amount" column.

Taxpayer Name

Group Insurance Coverage	Name of company	Policy Holder	Total Premium Paid
Company Name (1)			
Company Name (2)			

Prescription Drugs

Name of Patient	Payment Made to	Details	Amount

Eye Doctor/ Eye Wear Expenses

Name of Patient	Payment Made to	Details (type of expense)	Amount

Dental/Orthodontist

Name of Patient	Payment Made to	Details	Amount

Other (Eg. Chiropractor/massage)

Name of Patient	Payment Made to	Details	Amount

Note if there is medical travel, please contact our office for additional details re amounts eligible to claim.

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