

Medical Expenses

Taxpayer Name _____

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

Prescription Drugs	Payment Made to	Details	Amount
Name of Patient			

Eye Doctor/ Eye Wear Expenses	Payment Made to	Details	Amount
Name of Patient			

Dental/Orthodontist	Payment Made to	Details	Amount
Name of Patient			

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