

# **MEDICAL COST ITEMIZATION WORKSHEET**

**TOTALS FOR YEAR** OF MEDICAL COSTS THAT YOU PAID **OUT-OF-POCKET** (NOT PAID FOR BY INSURANCE OR SOMEONE ELSE)

TOTAL PAID FOR INSURANCE PREMIUMS (OTHER THAN LONG TERM CARE & PREMIUMS TAKEN OUT OF SOCIAL SECURITY)..... \$ \_\_\_\_\_

TOTAL PAID FOR DOCTORS, DENTISTS, ETC. .... \$ \_\_\_\_\_

TOTAL PAID FOR PRESCRIPTIONS..... \$ \_\_\_\_\_

TOTAL PAID FOR X-RAYS, LABWORK, ETC..... \$ \_\_\_\_\_

TOTAL PAID FOR NURSING SERVICES..... \$ \_\_\_\_\_

TOTAL PAID FOR HOSPITAL CARE (INC MEALS & LODGING)..... \$ \_\_\_\_\_

TOTAL PAID FOR MEDICAL AIDS (HEARING AIDS, CONTACTS, GLASSES, CRUTCHES, WHEELCHAIRS, ETC)..... \$ \_\_\_\_\_

TOTAL PAID FOR ALCOHOL & DRUG REHABILITATION..... \$ \_\_\_\_\_

TOTAL PAID FOR OTHER MEDICAL COSTS (INC PARKING & TOLLS)..... \$ \_\_\_\_\_

TOTAL **MILES** DRIVEN FOR MEDICAL CARE..... \_\_\_\_\_