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1500 Upper Middle Road West, Suite 405, Oakville, Ontario L6M 0C2

MEDICAL EXPENSES WORKSHEET

Telephone: (905) 465-3313 • Fax: (905) 465-3363

Instructions: Only amounts paid by you are deductible. If certain amounts have been reimbursed by your medical plan, you can claim the amount <u>not</u> reimbursed to you.

Obtain a list of all prescriptions paid from each pharmacy and enter the list total from the pharmacy report paid by you on one line.

Please write the TOTAL on one line. Do not list each prescription separately.

Name		PLEASE USE A SEPARATE PAGE FOR EACH PERSON				
Гах Year			Medical	Deduct		
1				Expense	Amount	Net Amount
Payment Date		1	1	Amount	Reimbursed	Paid by You
M/D/YY	Name of Patient	Payment Made To (name of doctor, etc.)	Description of Expense	(A)	(B)	(A) - (B)
		Pharmacy #1 name:	Prescriptions from pharmacy listing			
		Pharmacy #2 name:	Prescriptions from pharmacy listing			
			Private medical plan (e.g. Blue Cross, Manulife, etc.)			
			Travel medical insurance plan (e.g. CAA travel (not auto), credit card)			
Please total this pageTOTAL \$ AMOUNT THIS PAGE ONLY = \$						