



Okotoks, AB
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MEDICAL EXPENSE WORKSHEET

FOR THE PERIOD FROM: JANUARY 1, ____ TO DECEMBER 31, ____

WHO IS CLAIMING THE EXPENSE: _____

AMOUNT PAID TO BENEFIT PLAN: _____

AMOUNT PAID TO SPOUSES BENEFIT PLAN: _____

TOTAL EXPENSES FOR THE ABOVE PERIOD

	SELF	SPOUSE	CHILD 1	CHILD 2
DENTAL:	_____	_____	_____	_____
PRESCRIPTION:	_____	_____	_____	_____
MASSAGE THERAPY:	_____	_____	_____	_____
CHIROPRACTOR:	_____	_____	_____	_____
PHYSIOTHERAPY:	_____	_____	_____	_____
EYE DOCTOR/GLASSES:	_____	_____	_____	_____
AMBULANCE:	_____	_____	_____	_____
OTHER: _____	_____	_____	_____	_____
OTHER: _____	_____	_____	_____	_____
OTHER: _____	_____	_____	_____	_____