

# Medical Expenses

We do not need all your receipts if you complete this worksheet. We only need total amounts per family member, per Payee, and by type of prescription.

- Obtain your year end claim summary from your plan provider
- Submit insurance summary page, **one page per family member (not combined)**
- Obtain your year end summary from Blue Cross, Shopper’s Drug mart (or the like)

**YOUR INFO**

Your Name	Tax Year
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<b>COMPLETE PREMIUM INFO BELOW, <i>if applicable</i></b>	<b>Taxpayer</b>	<b>Spouse</b>
Premiums paid to Private Health Service Plans		
Employee-paid premiums for Private Health Service Plan		

PAYMENT DATE	PATIENT NAME	PAYMENT MADE TO	DESCRIPTION	\$\$ OUT OF POCKET

Comments / Notes

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