ELIGIBLE EXPENSE LISTING



HEALTH CARE EXPENSES

Acupuncture Ambulance

Artificial Limb/Teeth

Bandages

Birth Control/Contraceptives

Body Scan

Braille Books/Magazines
Breast Pumps/Supplies
Breast Reconstruction

Chiropractors

Concierge Medical Care (amount billed for service and

not monthly fee)
Contact Lenses,
solutions/cleaners
Copays, Coinsurance,

Deductibles Dental Care

Diagnostic Services/Devices Durable Medical Equipment (crutches, canes, walkers,

wheelchairs) Dermatologist

Eye Exams and Eyeglasses

(prescription)

Fertility Enhancement Guide Dog or other service

animal

Hearing exams, aids/devices

and batteries

Hospital Services Immunizations Infertility Treatment

Insulin and Diabetic supplies Laboratory/Diagnostic Fees

Lactation Expenses

Language training (dyslexia)

Laser Eye Surgery Learning Disability Massage Therapy* Medical Conferences*

Medicines Midwife

Mileage incurred to seek health

care

Nursing Services OB/GYN Fees Occlusal Guards

Operations
Optometrist
Organ Donors
Orthodontia
Orthotics
Osteopath

Over-the-Counter Drugs*
Over-the-Counter health care

products Oxygen

Physical Examination Physical Therapy Physician Office Visits Pregnancy Test Kit Prescription Drugs Prosthesis

Psychiatric Care Psychoanalysis Psychologist Fees Reading Glasses

Sales Tax, Shipping, Handling fees for medical supplies Stop-Smoking Program

Smoking Cessation prescriptions

Speech Therapy

Substance Abuse Treatment Sunglasses (prescription)

Surgery Sterilization

Telephone/TV for disability or

impairment

Therapy for medical condition

Transplants

Trips/Travel Expense to seek

health care Vasectomy Vision Care

Vision Correction Surgery Weight-Loss Program for medical condition*

Wigs* X-Rays

DEPENDENT CARE EXPENSES

Adult/Elder/Senior Day Care Center
Au pair or Nanny
Babysitting
Before- or after-school care
Child Day Care Center
Nursery school or Preschool
Registration Fees (after service provided)
Sick Child Care
Summer Day Camp

EXPENSE WORKSHEET



Health Care Worksheet

Medical Copays, Deductibles Physician Visits Prescriptions Over-the-Counter Items Diabetic Supplies Chiropractic Treatments Mileage	Amount \$ \$ \$ \$ \$ \$ \$ \$ \$
Dental Fillings Crowns Bridges Dentures & cleaners Oral Surgery Orthodontia Mileage	\$ \$ \$ \$ \$ \$
Vision/Hearing Prescription Eyeglasses Prescription Sunglasses Reading Glasses Contact Lenses Contact Cleaners Laser Eye Surgery Hearing Exams Hearing Aids & Batteries Mileage	\$ \$ \$ \$ \$ \$ \$
TOTAL	\$

Dependent Care Worksheet

Month	Amount
Month 1	\$
Month 2	\$
Month 3	\$
Month 4	\$
Month 5	\$
Month 6	\$
Month 7	\$
Month 8	\$
Month 9	\$
Month 10	\$
Month 11	\$
Month 12	\$
TOTAL	\$



