

# 2021 Medical Expense Worksheet

Name: \_\_\_\_\_ S.I.N.: \_\_\_\_\_

Name: \_\_\_\_\_ S.I.N.: \_\_\_\_\_

\$

Prescriptions \_\_\_\_\_

Dental \_\_\_\_\_

Private Health Care Premiums (ie Blue Cross) \_\_\_\_\_

Chiropractor \_\_\_\_\_

Optical \_\_\_\_\_

Other - \_\_\_\_\_

Other - \_\_\_\_\_

Other - \_\_\_\_\_

Travel (Worksheet Attached)

Meals - \_\_\_\_\_ # of meals x \$ 23.00 /meal \_\_\_\_\_

Travel - \_\_\_\_\_ # of km x \$ 0.51 (AB) / 0.56 (BC) /km \_\_\_\_\_

Accommodations \_\_\_\_\_

Total Travel \$ \_\_\_\_\_

TOTAL MEDICAL EXPENSES \_\_\_\_\_

**Please attach medical receipts**

