

# 2023 Medical Expense Worksheet

Name: \_\_\_\_\_

Name: \_\_\_\_\_

**Do not include the part of the medical expenses that your benefits plan reimbursed you for or paid for.**

|  |       | \$    |
|--|-------|-------|
| Prescriptions  |       | _____ |
| Dental   |       | _____ |
| Medical premiums   |       | _____ |
| Chiropractor   |       | _____ |
| Massage (not allowable expense in Alberta)                                 |       | N/A   |
| Optical  |       | _____ |
| Medical travel insurance   |       | _____ |
| Other -  |       | _____ |
| Other -  |       | _____ |
| Travel   |       | \$    |
| Meals - _____ # of meals x \$ <u>23</u> /meal                              | _____ |       |
| Travel - _____ # of km x \$ <u>0.53</u> /km<br>(Parking costs not allowed) | _____ |       |
| Accommodations   | _____ | _____ |
| Total Medical Expenses   |       | _____ |
| <b>Please attach medical receipts</b>                                      |       |       |