

# 2024 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 \$ 23 /meal		_____
Travel - _____ # of km x \$ 0.545 /km		_____
Parking (Must travel at least 80kms one-way. Round trip 160kms)		_____
Accommodations		_____
Total Medical Expenses		_____

**Please attach medical receipts**