

# 2019 Medical Expense Worksheet

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

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

**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>17</u> /meal	_____	
Travel - _____ # of km x \$ <u>0.48</u> /km (Parking costs not allowed)	_____	
Accommodations	_____	_____
Total Medical Expenses		_____
<b>Please attach medical receipts</b>		