

**MEDICAL EXPENSE
WORKSHEET**

Client name: _____ SSN / ID#: _____
Date completed: _____ Completed by: _____

created by JC at CVCOA
updated June 2005
comments welcome

for Food Stamps / Medicaid applications, etc.

*Medical expenses in excess of \$35 of any household member who is elderly or disabled will reduce the household income and increase Food Stamps.
When performed, prescribed or approved by a licensed practitioner, qualified health professional or recognized facility, allowable expenses are:*

	Cost	How Often?	notes		Cost	How Often?	notes		Cost	How Often?	notes
								If due to age, infirmity or illness:			
Basic Care:				Equipment:				Attendant Services	\$		
Medical care	\$			Medical supplies	\$			Homemaker Services	\$		
Dental care	\$			Sick room equipment	\$				\$		
Psychotherapy	\$			Dentures	\$			Home Health Aide	\$		
Rehabilitation	\$			Hearing aids	\$				\$		
Hospitalization	\$			Prosthetics	\$			Housekeeper	\$		
Outpatient care	\$			Prescribed eyeglasses	\$				\$		
Nursing care	\$			Pers. Emerg. Response System	\$				\$		
Nursing home care	\$			subtotal 4	\$				subtotal 8	\$	
subtotal 1	\$			Service animals:				Regular payments on old bills			
Health Insurance:				Securing/maintaining	\$			1.	\$		
Insurance premiums	\$			Food	\$			2.	\$		
Insurance co-payments	\$			Veterinary care	\$			3.	\$		
Insurance deductibles	\$			subtotal 5	\$				subtotal 9	\$	
Medicare premiums	\$			Transportation/Lodging				One time medical expenses			
Medicare co-payments	\$			to Obtain medical treatment				1.	\$		
Medicare deductibles	\$			or services:				2.	\$		
Medicaid premiums	\$			Gas @\$.505/mile to doctor	\$			3.	\$		
Medicaid co-payments	\$			Gas @\$.505/mile to hospital	\$			4.	\$		
Pharmacy program premiums	\$			Gas @\$.505/mile to pharmacy	\$			5.	\$		
Pharmacy program co-payments	\$			Taxi	\$			6.	\$		
Pharmacy program deductibles	\$			Bus	\$				subtotal 10	\$	
Other insurance expenses:	\$			Hired transportation	\$						
subtotal 2	\$			Other	\$			Home modifications and/or			
Drugs:				subtotal 6	\$			Adaptive Equipment *maybe counts			
Prescription drugs				Over-the-counter drugs				1.	\$		
1.	\$			and other Pharmacy Items				2.	\$		
2.	\$			Pain Reliever	\$			3.	\$		
3.	\$			Antacid	\$			4.	\$		
4.	\$			Hearing aid batteries	\$			5.	\$		
5.	\$			Vitamins	\$			6.	\$		
6.	\$			Other...	\$			7.	\$		
7.	\$				\$			8.	\$		
8.	\$				\$				subtotal 11	\$	
9.	\$				\$						
10.	\$				\$			subtotal 1	\$		
11.	\$				\$			subtotal 2	\$		
12.	\$				\$			subtotal 3	\$		
13.	\$				\$			subtotal 4	\$		
14.	\$				\$			subtotal 5	\$		
15.	\$				\$			subtotal 6	\$		
subtotal 3	\$			subtotal 7	\$			subtotal 7	\$		
								subtotal 8	\$		
								subtotal 9	\$		
								subtotal 10	\$		
								subtotal 11	\$		
								Grand Total	\$		

Medical expenses need to be documented. Generally acceptable documentation follows:
Billing statements, itemized receipts, health insurance policy showing premiums, payment agreement w/ physician or hospital,
receipts or bills for prescribed equipment or medical services, statement from doctor verifying the over-the-counter drug need,
projected number of trips to the doctor, insurance statements, mileage to providers including the drug store, doctors, dentist, hospital.