



Extra Expenses

As you know not everything is covered by your health insurance. Use this form to help keep track of out of pocket medical expenses. Make sure you have your receipts for the expenses.

Date:		
Expense (circle one)		
Mileage to appointments	Taxi	_____
Parking Fees	Car Service	_____
Over the Counter Medications	Public Transportation Fee	_____
Co-Pays	Equipment/Device Purchase	_____
Medical Supply	Equipment/Device Repair	_____
Mileage		
Total Miles _____	Reimbursement Rate _____	Total: _____
Total Expense Amount: \$ _____		
Notes:		

Date:		
Expense (circle one)		
Mileage to appointments	Taxi	_____
Parking Fees	Car Service	_____
Over the Counter Medications	Public Transportation Fee	_____
Co-Pays	Equipment/Device Purchase	_____
Medical Supply	Equipment/Device Repair	_____
Mileage		
Total Miles _____	Reimbursement Rate _____	Total: _____
Total Expense Amount: \$ _____		
Notes:		

Date:		
Expense (circle one)		
Mileage to appointments	Taxi	_____
Parking Fees	Car Service	_____
Over the Counter Medications	Public Transportation Fee	_____
Co-Pays	Equipment/Device Purchase	_____
Medical Supply	Equipment/Device Repair	_____
Mileage		
Total Miles _____	Reimbursement Rate _____	Total: _____
Total Expense Amount: \$ _____		
Notes:		





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Use the space below to staple or tape your receipts.