

Medical Expenses Tax Year _____

Name of Taxpayer: _____

Instructions for filling out this form:

Medical expenses should be sorted by person then by type of expense.

If there are several items (eg. prescriptions) total them for that person and enter the date as Dec 31.

If there was just one occurrence of the expense, enter the date it occurred.

Only enter the amount of expense that was NOT reimbursed by a private health care plan.

Name of Patient: *John Doe (Example only)*

Date	Payment made to	Description of Expense	Amount
Dec 31/16	Shopper's Drug Mart	Prescriptions	\$785.00
Feb 12/16	Dr. Root	Dental Work	\$199.00

Name of Patient: _____

Date	Payment made to:	Description of Expense	Amount \$
	Total		

Name of Patient: _____

Date	Payment made to:	Description of Expense	Amount \$
	Total		

Name of Patient: _____

Date	Payment made to:	Description of Expense	Amount \$
	Total		

Private Health Care Premiums paid (excluding Alberta Health Care)
Employee portion of medical & dental plan paid through employer
