CLIENT NAME: _____

866-247-6800
www.chswealthmgt.com

MEDICAL EXPENSES

HOSPITALS AND LABORATORIES

Date	Name of Medical Facility	Fee Paid	TRAVEL		Insurance Reimb.
			Mileage	Cost	

MEDICAL INSURANCE

Date	Name of Insurance Company	Insurance Premiums

LODGING

Date	Motel/Hotel	Location	Medical Facility Used	Cost

MISCELLANEOUS MEDICAL EXPENSES

Date	Description	Amount	TRAVEL		Insurance Reimb
			Mileage	Cost	

To make sure you claim your largest allowable deduction, use this card to keep track of your deductible medical expenses. Remember to save your receipts and cancelled checks.

PRESCRIPTION MEDICINE AND DRUGS

Date	Prescription Medicines & Drugs	Amount	TRAVEL		Insurance Reim.
			Mileage	Cost	
	TOTALS				

DOCTORS AND DENTISTS

Date	Doctor's or Dentists's Name	Fee Paid	TRAVEL		Insurance Reimb.
			Mileage	Cost	
	TOTALS				