

| EXPENSE | ESTIMATED COST |
|-----------------------------|----------------|
| MEDICAL* | |
| Acupuncture | \$ |
| Chiropractor | \$ |
| Podiatrist | \$ |
| Deductible | \$ |
| Co-pays | \$ |
| Doctor fees | \$ |
| Office visit | \$ |
| Prescriptions | \$ |
| Hospital bills | \$ |
| Laboratory fees | \$ |
| Medic alert bracelet | \$ |
| Dermatologist | \$ |
| Immunizations | \$ |
| Obstetrical expenses | \$ |
| Routine physicals | \$ |
| X-rays | \$ |
| Well baby checkups | \$ |
| HEARING* | |
| Hearing exam | \$ |
| Hearing aids | \$ |
| Special batteries | \$ |
| VISION* | |
| Glasses | \$ |
| Eye exam | \$ |
| Contact lenses | \$ |
| Contact lens solution | \$ |
| Prescription sunglasses | \$ |
| LASIK surgery | \$ |
| Visine and eye drops | \$ |
| Reading glasses | |
| DENTAL* | |
| Orthodontic | \$ |
| Dentures/bridge/crowns | \$ |
| Fluoride treatments & seals | \$ |
| Cleanings and fillings | \$ |
| Root canals | \$ |
| Extractions | \$ |
| COLUMN #1 TOTAL | \$ |

| EXPENSE | ESTIMATED COST |
|--|----------------|
| DIABETIC SUPPLIES* | |
| Insulin | \$ |
| Glucometer | \$ |
| Syringes/Needles | \$ |
| Test Strips | \$ |
| BIRTH CONTROL DEVICES* | |
| Condoms | \$ |
| Prescriptions | \$ |
| Sterilization | \$ |
| THERAPY* | |
| Physical therapy | \$ |
| Learning disability | \$ |
| Psychologist fees for medical care | \$ |
| Psychiatric care | \$ |
| PHYSICAL IMPAIRMENTS* | |
| Wheelchair | \$ |
| Crutches | \$ |
| Walker | \$ |
| Custom made orthopedic shoes and inserts | \$ |
| SPECIAL NEEDS* | |
| Transportation to and from doctor/hospital (call for current mileage rates and guidelines) | \$ |
| OVER-THE-COUNTER ITEMS* | |
| Sunscreen | |
| Band-aids | \$ |
| Carpal tunnel wrist supports | \$ |
| Cold/hot packs for injuries | \$ |
| Home pregnancy tests | \$ |
| Incontinence supplies | \$ |
| Liquid adhesive for small cuts | \$ |
| Nasal strips | \$ |
| COLUMN #2 TOTAL | \$ |

| EXPENSES THAT REQUIRE A LETTER OF MEDICAL NECESSITY | |
|--|----------------|
| The IRS allows reimbursement of the following with a copy of the physician's statement of medical necessity that includes the specific product/service and a diagnosis. Treatment cannot be for general health or well being. A copy needs to be submitted with every reimbursement request and a new letter needs to be reinstated every 12 months. | |
| EXPENSE | ESTIMATED COST |
| Health club fees/gym memberships | \$ |
| Nutritional supplements/vitamins | \$ |
| Massage therapy | \$ |
| Acne medication | \$ |
| Weight loss programs (i.e. Weight Watchers and Jenny Craig) - Program fees are eligible but food portions are not. | \$ |
| Stop smoking programs/items | \$ |
| OVER-THE-COUNTER MEDICINE | |
| Acid controllers | |
| Antibiotic products | |
| Anti-diarrheas/gas | |
| Anti-itch/insect bite | |
| Antiparasitic treatments | |
| Baby rash creams | |
| Cold sore remedies | |
| Cough, cold & flu | |
| Digestive aids | |
| Feminine anti-fungal/anti-itch | |
| Hemorrhoidal preps | |
| Laxatives | |
| Pain relief | |
| Sleep aids & sedatives | |
| Stomach remedies | |
| COLUMN #3 TOTAL | \$ |

| ESTIMATED EXPENSES | |
|---------------------------------|----|
| COLUMN 1 | \$ |
| COLUMN 2 | \$ |
| COLUMN 3 | \$ |
| TOTAL ESTIMATED EXPENSES | \$ |

| EXAMPLES OF INELIGIBLE EXPENSES |
|---|
| The IRS does not allow reimbursement for the following: |
| Cosmetic surgery |
| Insurance premiums |
| Marriage/debt counseling |
| Eyeglass sun clips |
| Eyeglass or contact warranty |
| Prepayment of services |
| Special (dietary) foods |
| Personal care items |
| Sanitary products |
| Diapers |
| Deodorant |
| Chapstick |
| Face cream or moisturizers |
| Teeth bleaching/whitening |
| Tooth brushes/toothpaste |
| Floss/flossing devices |

* **Please note:** This list is a broad overview of eligible expenses; not all services provided by a provider or practitioner are eligible under the IRS regulations. Please call BASIC regarding your specific item or treatment to confirm eligibility.