

# Medical Care Worksheet

This worksheet outlines some common medical care expenses that in most cases qualify for reimbursement using tax free money set aside in a Medical Care Reimbursement Account (MCRA). Use the table below to determine what your current expenses are. Calculating this figure will provide you with a good estimate of how much money you should set aside in your MCRA. Remember, it is a good idea to plan conservatively by only outlining your known expenses. Money that you are not able to spend during your plan year cannot be returned to you.

MEDICAL EXPENSES NOT COVERED BY YOUR INSURANCE	PRIOR YEAR ACTUAL EXPENSES	PROJECTED EXPENSES
Child Birth	\$	\$
Chiropractor/Acupuncture	\$	\$
Birth Control/Contraceptives	\$	\$
Co-payments/Deductibles	\$	\$
Fees to doctors/hospitals	\$	\$
Hearing aids	\$	\$
Immunizations	\$	\$
Insulin Test Strips	\$	\$
Laboratory Fees	\$	\$
Over-the-counter (OTC) items (prescription required for OTC medications and drugs except insulin)	\$	\$
Podiatrist/Orthotics	\$	\$
Physical Therapy	\$	\$
Prescriptions	\$	\$
Psychiatric/Psychological treatments	\$	\$
Routine Physicals/Examinations	\$	\$
Special Instructions for Deaf and Blind	\$	\$
Substance Abuse Rehabilitation	\$	\$
Support/Corrective Devices, i.e. orthopedic shoes	\$	\$
Transportation to Receive Health Care	\$	\$
Tuition for Special School for Handicapped	\$	\$
Other	\$	\$
<b>SUBTOTAL</b>	\$	\$
DENTAL EXPENSES NOT COVERED BY YOUR INSURANCE	PRIOR YEAR ACTUAL EXPENSES	PROJECTED EXPENSES
Co-payments/Deductibles	\$	\$
Orthodontic Expenses	\$	\$
Routine Checkups, Fillings, Bridges, Crowns, etc.	\$	\$
Transportation to Receive Dental Care	\$	\$
Other	\$	\$
<b>SUBTOTAL</b>	\$	\$
VISION CARE EXPENSES	PRIOR YEAR ACTUAL EXPENSES	PROJECTED EXPENSES
Contact Lenses/Solution	\$	\$
Eye Glasses/Prescription Sunglasses	\$	\$
Laser Surgery	\$	\$
Transportation to Receive Eye Care	\$	\$
Other	\$	\$
<b>SUBTOTAL</b>	\$	\$
<b>GRAND TOTAL PROJECTED HEALTH CARE EXPENSES FOR THIS PLAN YEAR</b>		\$