

Out of Pocket Medical Expenses for Homestead Exemption

Listed below are just a few of the items that we can use for the medical expenses area of the application. Fill in the total yearly amount of out of pocket expenses next to the category that it pertains to. This is for informational purposes only...

THIS WILL NOT BE MAILED TO THE DEPARTMENT OF REVENUE

List following out of Pocket Medical Expenses you had in 2011

Prescriptions: \$ _____ (Contact your Pharmacy for totals)	Heart: \$ _____
Physician: \$ _____	Glasses/Contacts: \$ _____
Eye Doctor: \$ _____	Dentures: \$ _____
Hearing Doctor: \$ _____	Hearing Aids: \$ _____
Dentist: \$ _____	Hearing Aid Batteries: \$ _____
Medicare: \$ _____	Canes: \$ _____
Medicare Part D: \$ _____	Crutches: \$ _____
Supplemental Insurance: \$ _____	Walkers: \$ _____
Chiropractor: \$ _____	Wheelchairs: \$ _____
Nursing Home Insurance: \$ _____	Insulin Syringes: \$ _____
Cancer Insurance: \$ _____	In Home Licensed Care: \$ _____
	Other: \$ _____

Approximate all mileage to the Medical Appointments and /or Hospital in 2011

Total Miles (January 1st through December 31st) _____ X .19 = \$ _____

List below any other medical expenses and the amounts that we have not listed above:

1. _____ Total Amount \$ _____

2. _____ Total Amount \$ _____

3. _____ Total Amount \$ _____

4. _____ Total Amount \$ _____

Total of above sections: \$ _____