

## **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 2012**

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 2012**

Total Miles (January 1<sup>st</sup> through December 31<sup>st</sup>) \_\_\_\_\_ X .23 = \$ \_\_\_\_\_

### **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: \$ \_\_\_\_\_**