

Worksheet for Medical/Dental/Vision Expenses

Use this worksheet to estimate your reimbursement of “out-of-pocket” medical, dental and vision expenses for the year. Remember:

- You can include unreimbursed expenses for spouse and dependents.
 - This is only a partial list from the “List of Eligible Expenses.”
 - See IRS publication 502 “Medical and Dental Expenses” for specifics on what the IRS allows.
 - Focus on the kinds of expenses you and your family normally have or have scheduled for the upcoming year.
- Remember – you will not get a refund of unused money that remains in your account. It’s better to be slightly conservative when determining the total deduction amount.

Acupuncture	\$ _____
Chiropractic care	\$ _____
Contact lenses and solutions	\$ _____
Co-insurance	\$ _____
Co-payments for office visits	\$ _____
Co-payments for prescriptions	\$ _____
Deductibles	\$ _____
Dental care expenses (routine)	\$ _____
Dental care expenses (fillings/other services)	\$ _____
Eyeglasses and prescription sunglasses	\$ _____
Fitness club membership if necessary for medical reasons	\$ _____
Fitness equipment if necessary for medical reasons	\$ _____
Hearing Aids	\$ _____
Immunizations and inoculations	\$ _____
Infertility treatment including in-vitro fertilization	\$ _____
Laser eye surgery	\$ _____
Orthodontic expenses	\$ _____
“Over the counter” eligible items	\$ _____
Psychiatric treatment/counseling	\$ _____
Other	\$ _____
Total expenses:	\$ _____

“Over the Counter” products for Section 125 Health Care Reimbursement Accounts

Drugs & Medicines sold "over the counter" such as aspirin, cold medicine, bacitracin etc. now require a prescription from your doctor to be eligible for reimbursement through your Section 125 Plan.

Not Eligible for reimbursement (partial list)

Baby wipes & diapers	Dental floss	Ear treatments	Toothpaste
Moisturizers & powders	Deodorants	Mouthwash	Vitamins (general health)
Shampoo	Soap	Teeth whitening/bleaching	

Call ABS at 1-877-732-8125 with any questions.

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