Reset

LECLAIR DU-PERRÉ INC.
SOCIÉTÉ DE COMPTABLE PROFESSIONNEL AGRÉÉ

Year : _____

MEDICAL EXPENSES SUMMARY

Client name : _____

ONLY ENTER THE PORTION **NOT REIMBURSED** BY YOUR INSURANCE

Type of costs	Patient :	Patient :	Patient :	Patient :	TOTAL
Prescription drugs					0,00
Dentist					0,00
Optometrist (eye exam)					0,00
Eyeglasses (frame only)					0,00
Lenses or contact lenses					0,00
Blood test, vaccine					0,00
X-Rays					0,00
					0,00
Practitioners :	MASSAGE THERAPY FEES ARE GENERALLY NON-DEDUCTIBLE				
Acupuncturist					0,00
Chiropractor					0,00
Occupational therapist					0,00
Doctor					0,00
Naturopath					0,00
Osteopath (Qc only)					0,00
Physiotherapist					0,00
Psychologist					0,00
Social worker					0,00
					0,00
Autonomy :					
Walker, cane, wheelchair, hospital bed					0,00
Hearing aids					0,00
Grab bars - bathroom					0,00
					0,00
TOTAL	0,00	0,00	0,00	0,00	0,00