



Medical Spending Plan Estimated Expense Worksheet

Review all your expense vouchers, tax receipts, checkbook register and other records for the past two years. With these figures as a guide, estimate what expenses you will probably incur and list them on the worksheet below. When you add all the subtotals together, you'll have your estimated total medical expense amount. Remember, funds left over in the account at the end of the year **will be forfeited, so plan carefully.**

Medical

Deductible	\$ _____
Coinsurance	\$ _____
Prescription drugs	\$ _____
Approved over-the-counter drugs	\$ _____
Office visit copayments	\$ _____
OB/GYN exams	\$ _____
Emergency room visits	\$ _____
Ambulance	\$ _____
Surgery (excluding cosmetic)	\$ _____
Private hospital room	\$ _____
Private nurse	\$ _____
Well baby care	\$ _____
Physical therapy	\$ _____
Immunizations	\$ _____
Chiropractic services	\$ _____
Lab fees	\$ _____
Acupuncture	\$ _____
Oxygen	\$ _____
Durable medical equipment (such as crutches)	\$ _____
Other	\$ _____
Other	\$ _____
Other	\$ _____
<i>Subtotal</i>	\$ _____

Dental

Deductible	\$ _____
Coinsurance	\$ _____
Dental exam	\$ _____
Cleaning	\$ _____
X-rays	\$ _____
Fillings	\$ _____
Root canal	\$ _____
Extractions	\$ _____
Oral surgery	\$ _____
Orthodontics	\$ _____
Crown, bridge	\$ _____
Oral surgery	\$ _____
Dentures	\$ _____
Fluoride treatments	\$ _____
Space maintainers	\$ _____
Biteplate	\$ _____
<i>Subtotal</i>	\$ _____

Vision/Hearing

Eye exam	\$ _____
Laser vision correction (LASIK)	\$ _____
Glasses	\$ _____
Contact lenses and solution	\$ _____
Braille books	\$ _____
Seeing eye dog	\$ _____
Hearing exam	\$ _____
Hearing aid	\$ _____
Phone for hearing impaired	\$ _____
Special TV for hearing impaired	\$ _____
<i>Subtotal</i>	\$ _____

<i>Total Expenses</i>	\$ _____
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