

**Use this worksheet to help calculate your out-of-pocket medical expenses for homestead exemption**

Listed below are 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 correct category. This is for informational purposes only.

**This WILL NOT be mailed to the Department of Revenue.**

**List the following out-of-pocket medical expenses you had in 2020.**

Prescriptions: \$ \_\_\_\_\_

(Contact your pharmacy for totals.)

Physician: \$ \_\_\_\_\_

Eye doctor: \$ \_\_\_\_\_

Hearing doctor: \$ \_\_\_\_\_

Dentist: \$ \_\_\_\_\_

Medicare: \$ \_\_\_\_\_

Medicare part D: \$ \_\_\_\_\_

Supplemental insurance: \$ \_\_\_\_\_

Chiropractor: \$ \_\_\_\_\_

Nursing-home insurance: \$ \_\_\_\_\_

Cancer insurance: \$ \_\_\_\_\_

Oxygen supplies: \$ \_\_\_\_\_

Heart doctor: \$ \_\_\_\_\_

Glasses/contacts: \$ \_\_\_\_\_

Dentures: \$ \_\_\_\_\_

Hearing aids: \$ \_\_\_\_\_

Hearing-aid batteries: \$ \_\_\_\_\_

Canes: \$ \_\_\_\_\_

Crutches: \$ \_\_\_\_\_

Walkers: \$ \_\_\_\_\_

Wheelchairs: \$ \_\_\_\_\_

Insulin syringes: \$ \_\_\_\_\_

Nursing-home care: \$ \_\_\_\_\_

In-home licensed care: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

**Estimation of all mileage to the medical appointments and/or hospital in 2020**

Total miles (January 1 through December 31) \_\_\_\_\_ X (17 cents) = \$ \_\_\_\_\_

**List below any other medical expenses, and the amounts, that are not listed above:**

1. \_\_\_\_\_ Total \$ \_\_\_\_\_

2. \_\_\_\_\_ Total \$ \_\_\_\_\_

3. \_\_\_\_\_ Total \$ \_\_\_\_\_

4. \_\_\_\_\_ Total \$ \_\_\_\_\_

**Total of all above sections: \$ \_\_\_\_\_**

**(Please keep a copy of your paperwork for your records.)**