MEDICAL EXPENSE REPORT

One row per visit, prescription, or bill. Out-of-pocket = billed minus insurance paid.

Name _____ **Tax year / period** _____

Plan / HSA account _____ **Prepared for (tax, HSA, FSA, claim)** _____

Date	Patient	Provider	Service / item	Billed	Insurance paid	Out-of-pocket

Total billed

Total insurance paid

TOTAL OUT-OF-POCKET

Keep the EOB and receipt for every row. Schedule A: only unreimbursed medical expenses above 7.5% of AGI are deductible; HSA/FSA reimbursements need the receipt regardless.

Prepared by / date

Reviewed by / date