MEDICAL FSA ELECTION WORKSHEET

EXPENSE	ESTIMATED COST
MEDICAL*	
Acupuncture	$
Chiropractor	$
Podiatrist	$
Deductible	$
Co-pays	$
Doctor fees	$
Office visit	$
Prescriptions	$
Hospital bills	$
Laboratory fees	$
Medic alert bracelet	$
Dermatologist	$
Immunizations	$
Obstetrical expenses	$
Routine physicals	$
X-rays	$
Well baby checkups	$
HEARING*	
Hearing exam	$
Hearing aids	$
Special batteries	$
VISION*	
Glasses	$
Eye exam	$
Contact lenses	$
Contact lens solution	$
Prescription sunglasses	$
LASIK surgery	$
Visine and eye drops	$
Reading glasses	
DENTAL*	
Orthodontic	$
Dentures/bridge/ crowns	$
Fluoride treatments & seals	$
Cleanings and fillings	$
Root canals	$
Extractions	$
COLUMN #1 TOTAL	$

EXPENSE	ESTIMATED COST
OVER-THE-COUNTER ITEMS*	
Acid controllers	$
Acne medication	$
Antibiotic products	$
Anti-diarrheas/gas	$
Anti-itch/insect bite	$
Antiparasitic treatments	$
Baby rash creams	$
Band-aids	$
Carpal tunnel wrist supports	$
Cold sore remedies	$
Cold/hot packs for injuries	$
Cough, cold & flu	$
Digestive aids	$
Feminine anti-fungal / anti-itch	$
Hemorrhoidal preps	$
Home pregnancy tests	$
Incontinence s upplies	$
Laxatives	$
Liquid adhesive for small cuts	$
Nasal strips	$
Pain relief	$
Sleep aids & sedatives	$
Stomach remedies	$
Stop smoking programs/items	$
Sunscreen	$
MENSTRUAL PRODUCTS*	
Tampons	
Pads and liners	
Menstrual cups	
BIRTH CONTROL DEVICES*	
Condoms	$
Prescriptions	$
Sterilization	$
COLUMN #2 TOTAL	$

EXPENSE	ESTIMATED COST
DIABETIC SUPPLIES*	
Insulin	$
Glucometer	$
Syringes/Needles	$
Test Strips	$
THERAPY*	
Physical therapy	$
Learning disability	$
Psychologist fees for medical care	$
Psychiatric care	$
PHYSICAL IMPAIRMENTS*	
Wheelchair	$
Crutches	$
Walker	$
Custom made orthopedic shoes and inserts	$
SPECIAL NEEDS*	
Transportation to and from doctor/ hospital (call for current mileage rates and guidelines)	$
COLUMN #3 TOTAL	$

EXAMPLES OF INELIGIBLE EXPENSES
The IRS does not allow reimbursement for the following:
Cosmetic surgery
Insurance premiums
Marriage/debt counseling
Eyeglass sun clips
Eyeglass or contact warranty
Prepayment of services
Special (dietary) foods
Personal care items
Diapers
Deodorant
Chapstick
Face cream or moisturizers
Teeth bleaching/whitening
Tooth brushes/toothpaste
Floss/flossing devices

EXPENSES THAT REQUIRE A LETTER OF MEDICAL NECESSITY
The IRS allows reimbursement of the following with a copy of the physician's statement of medical necessity that includes the specific product/service and a diagnosis. Treatment cannot be for general health or well being. A copy needs to be submitted with every reimbursement request and a new letter needs to be reinstated every 12 months.

EXPENSE	ESTIMATED COST
Health club fees/ gym memberships	$
Nutritional supplements/vita-mins	$
Massage therapy	$
Weight loss programs (i.e. Weight Watchers and Jenny Craig) - Program fees are eligible but food portions are not.	$
COLUMN #4 TOTAL	$

ESTIMATED EXPENSES	
COLUMN 1	$
COLUMN 2	$
COLUMN 3	
COLUMN 4	$
TOTAL ESTIMATED EXPENSES	$

* Please note: This list is a broad overview of eligible expenses; not all services provided by a provider or practitioner are eligible under the IRS regulations. Please call BASIC regarding your specific item or treatment to confirm eligibility.

You may also want to review the IRS Publication 502 for Medical Expenses for additional examples.

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