MEDICAL FSA ELECTION WORKSHEET

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 \$ Well baby checkups \$ HEARING* Hearing exam \$ Hearing aids \$ Special batteries \$ Eye exam \$ Contact lenses \$ Contact lenses \$ Contact lens solution \$ Prescription sunglasses \$ LASIK surgery \$ Visine and eye drops Reading glasses \$ Fluoride treatments \$ & seals \$ Cleanings and fillings Root canals \$ Extractions \$ COLUMN #1 TOTAL \$ S	EXPENSE	ESTIMATED COST	
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1 \$	Extractions	\$	
		\$	

	ESTIMATED		
EXPENSE	COST		
OVER-THE-COUNT	ER 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	r.		
Sunscreen MENSTRUAL PRO	\$ DDUCTS*		
Tampons	20013		
Pads and liners			
Menstrual cups			
	DOI.		
	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 IMPAIR	RMENTS*	
Wheelchair	\$	
Crutches	\$	
Walker	\$	
Custom made	\$	
orthopedic shoes		
and inserts		
SPECIAL NEE	DS*	
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.

