

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 supplies	\$
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/vitamins	\$
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.