

EXPENSE ESTIMATE WORKSHEET FOR THE HEALTH FLEXIBLE SPENDING ACCOUNT

What do you spend in a year for out-of pocket medical related expenses? The following worksheet is a partial list of expenses that are eligible for reimbursement under a Health Flexible Spending Account. These items are sometimes not covered or only partially covered by group insurance plans. This form will help you review what your expenses might be and help you to decide how much to contribute to your Health Flexible Spending Account. *Remember, this is a yearly total and only an estimate.*

Medical Expenses

Acne Treatment	
Acupuncture	
Birth Control Pills	
Chiropractor	
Co-payments	
Counseling	
Deductibles	
Dermatologist	
Drug Treatment	
Hospital Bills	
Hypertension	
Immunizations	
Infertility	
Lab Fees	
Lasik Eye Surgery	
OB/GYN Exams	
Office Visits	
Over-the-Counter Drugs with Prescription	
Oxygen	
Physical Therapy	
Podiatrist	
Prescriptions	

Medical Expenses

Private Nurse	
Routine Checkup	
School Physical	
Speech Therapy	
Surgery	
Well Baby Care	
Weight Loss programs (to treat a specific medical condition)	
Other	
Other	
Yearly Total for Medical Expenses	

Vision & Hearing Expenses

Contacts	
Eye Exam	
Glasses	
Hearing Aid	
Yearly Total for Vision & Hearing	

Dental Expenses

Anesthesia	
Bite Plate	
Bonding	
Bridge/ Crown	
Cleaning	
Dental Exam	
Dentures	
Extractions	
Filings	
Fluoride	
Oral Surgery	
Orthodontics	
Root Canal	
Yearly Total for Dental Expenses	

Grand Total

Medical	
Vision & Hearing	
Dental	
Estimated Total	