PENSION MEDICAL EXPENSE RECORD

Use this form to list all family medical expenses that you paid between _____ to _____.

Medical Expense (Physician or Hospital Charges, Prescriptions, Eyeglasses, Oxygen Rental, Medical Insurance, etc.)	Amount Paid By You	Date Paid (Month/Day/Year)	Name of Provider (Name of doctor, dentist, hospital, lab, etc.)	For Whom Paid (Self, Spouse, Child)
Medicare (Part B)				
Medicare (Part D)				
Private Medical Insurance				

** See reverse side for allowable medical expenses.

The VA may be able to pay you at a higher rate if you identify expenses the VA considers allowable. Medical and dental expenses paid by you may be deductible from the income the VA counts when determining your benefit entitlement.

Identify any medical or dental expenses that you paid for a member of your household (self, spouse, child, etc.) for which you were not reimbursed. Below are examples of expenses you should include, if applicable:

- Hospital Expenses
- Nursing Home Costs
- Doctor's Office Fees
- Hearing Aid Costs
- Dental Fees
- Home Health Service Expenses
- Prescription/Non-Prescription Drug Costs
- Vision Care Costs
- Medical Insurance Premiums
- Monthly Medicare Deductions
- Expenses Related to Transportation to a Hospital, Doctor, or Other Medical Facility

IMPORTANT NOTES

- Do not include any expenses for which you were reimbursed.
- If you are not sure whether a particular expense can be allowed, furnish a complete description of the purposes of the payment.
- You may be asked to verify the amounts you actually paid, so keep all receipts or other documentation of payments for at least three years. If you are unable to provide documentation of the claimed medical expenses when asked to do so by the VA, your benefits may be retroactively reduced or terminated.
- Transportation expenses for medical purposes are acceptable; please document total number of miles, purpose of travel and date of travel.
- If more space is needed to report expenses, attach a separate sheet of paper.