BOWIE FINANCIAL INC.
RETIREMENT SERVICES & INVESTMENTS

Name
Phone
Email

MEDICAL EXPENSE LIST

Medical Insurance:

- ☐ Insurance Premiums paid for medical coverage (incl. travel insurance medical portion)
- ☐ Long-term care insurance

Health expenses:

- ☐ Chiropractor/Physiotherapy/Massage $
- ☐ Eye exam, eye surgery, glasses and contact lenses $
- ☐ Ambulance $
- ☐ Hospital care $
- ☐ Household help for nursing care services $
- ☐ Medical aids, including wheelchairs, hearing aids + batteries, crutches, braces $
- ☐ Dental Expenses $
- ☐ Travel expense for medical treatment (one way 40km or above) $
- ☐ other eligible medical expenses $

Note: If you have medical insurance, please provide the statement from the insurance company.

Please make sure there is a payment status on each receipt.

Prescriptions:

- ☐ Official receipts total $
- ☐ Or detailed summary from Pharmacy total $
- ☐ Medical cannabis receipts total $

Long-term Care Facility/Retirement Home Expenses:

- ☐ Annual Statement total $