

TOTAL (This Side Only) \$ _____

Eligible Expenses *

Coinsurance	Hearing aids
Deductibles	Hospitalization
Excess over reasonable and customary allowances	Hypnosis (for treatment of illness)
Routine physical exams	Laboratory fees
Acupuncture	Laetrile
Alcoholism and drug treatment	Medicines and drugs (prescription only)
Ambulance transport	Optometrist and ophthalmologist
Analysis (psychotherapy)	Orthodontia **
Birth control pills	Physical therapy
Chiropractors	Psychologist
Contact lenses	Sterilization
Crutches	Special equipment for handicapped and disabled
Dental fees	Surgery and X-ray fees
Doctor's fees	Vaccinations and immunizations
Eyeglasses	
Guide dogs	

* Cosmetic surgery, insurance premiums, over-the-counter drugs, cosmetics, toothpaste, soaps,, lotions, shampoos and other personal care items are not reimbursable.

** The IRS regulations prohibit plans from making advance reimbursements of future or projected expenses. Orthodontia expenses are reimbursable on a pro-rata basis as treatment is received over the course of the plan year.