

## Maine Food Supplement Program

### Monthly Medical Deductions: Checklist and Request for Deduction

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- Medical Care not reimbursed by insurance.** This includes doctors' visits; mental health visits; dental care; physical therapy; hospital or outpatient care; home health services; chiropractic care; and other health treatments.

Type of care not reimbursed by insurance	Cost/Month
	\$
	\$
<b>Monthly Subtotal</b>	\$

- Health insurance costs.** This includes premiums; copayments and deductibles.

Type of health insurance cost	Cost/Month
	\$
	\$
<b>Monthly Subtotal</b>	\$

- Medical-related Transportation or Lodging.** This includes mileage for use of a private car at .44 cents per mile; the actual cost of bus or taxi; and the cost of overnight lodging if needed to get care.

Transportation or lodging costs	Cost/Month
	\$
	\$
<b>Monthly Subtotal</b>	\$

- Prescription medications.** This includes co-payments.

Type of prescription medication	Cost/Month
	\$
	\$
	\$
	\$
<b>Monthly Subtotal</b>	\$

- Over-the-counter medications approved by your health care provider.** This includes pain relievers, insulin, antacids; vitamins approved by your provider.

Type of over-the-counter medication	Cost/Month
	\$
	\$
	\$
<b>Monthly Subtotal</b>	

- Health supplies recommended by your health care provider.** This includes eyeglasses; hearing aids including batteries; dentures; foot care, and incontinence supplies.

Type of supplies recommended by your health care provider	Cost/Month
	\$
	\$
	\$
	\$
<b>Monthly Subtotal</b>	\$

- Medical Equipment.** This includes purchase, rental or repair of a wheelchair or other mobility aid; prosthetics, personal emergency response system, special beds or bedding, communication equipment if you are hearing, speech or visually impaired.

Type of medical equipment	Cost/Month
	\$
	\$
<b>Monthly Subtotal</b>	\$

- Other expenses.** Think about any other medical-related that you have. This could include attendant or housekeeper services; and the purchase and costs (e.g. dog food and veterinary fees) of a Seeing Eye dog or other service animal. The cost of a special diet is not an allowable medical deduction. But, you can use your FSP benefits to help buy food for a special diet.

Any other expenses	Cost/Month
	\$
	\$
	\$
<b>Monthly Subtotal</b>	

<b>Total Cost of All Medical Expenses per Month:</b> (Add all subtotals above)	\$ _____
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I certify that I incur the medical expenses listed above. I have attached the receipts or other proof I have available. I request that the Maine Department of Health and Human Services consider these expenses when calculating my monthly food supplement benefits, and assist me with getting any additional proof required.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Please Print Your Name

\_\_\_\_\_  
Your Social Security Number

**NOTE:** Give this form to your DHHS Food Supplement Program caseworker with proof of your medical expenses.