Out of Pocket Medical Expenses for Homestead Exemption

Listed below are just a few of the items that we can use for the medical expenses area of the application. Fill in the total yearly amount of out of pocket expenses next to the category that it pertains to. This is for informational purposes only…

THIS WILL NOT BE MAILED TO THE DEPARTMENT OF REVENUE

List following out of Pocket Medical Expenses you had in 2026

Prescriptions: $_____

(*Contact your Pharmacy for totals*)

Physician: $_____

Eye Doctor: $_____

Hearing Doctor: $_____

Dentist: $_____

Medicare: $_____

Medicare Part D: $ _____

Supplemental Insurance: $_____

Chiropractor: $_____

Nursing Home Insurance: $_____

Cancer Insurance: $_____

Heart: $_____

Glasses/Contacts: $_____

Dentures: $_____

Hearing Aids: $_____

Hearing Aid Batteries: $_____

Canes: $ _____

Crutches: $_____

Walkers: $_____

Wheelchairs: $_____

Insulin Syringes: $_____

In Home Licensed Care: $ _____

Other: $_____

Approximate all mileage to the Medical Appointments and /or Hospital in 2026

Total Miles (January 1st through December 31st) ____ X .21 = $ _____

List below any other medical expenses and the amounts that we have not listed above:

1._____Total Amount $_____

2._____Total Amount $_____

3._____Total Amount $_____

4._____Total Amount $_____

Total of above sections: $_____