W. Callaway Professional Corp
Box 61 Site 5 RR1 Cochrane, AB T4C 1A1
Phone 932-5433 Fax 932-5577 email: bill@wcallaway.com

Taxpayer:_____

Medical expenses for Tax Year _____

Payment date	Name of patient	Payment made to	Description of expense	Cost a.	Reimburse-ments b.	Claim a-b
	Premiums paid to private health service plan-excluding Alberta Health Care Eg Blue Cross Note: Alberta Heath Care premiums are not eligible.					
	Employee portion of medical and dental plan paid through employer (do not include life insurance portion)					

Total claim for medical expenses $

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Visit the Revenue Canada website for a list of eligible medical expenses at:
www.cra-arc.gc.ca Click on individuals & select topic “medical”