Medical Travel Calculation Worksheet

Name:_____

Address:_____

Date	Location	Distance 1 way	x2	Total KM
			x2	0
			x2	
			x2	
			x2	
			x2	
			x2	
			x2	
			x2	
			x2	
			x2	
			x2	
			x2	
			x2	
			x2	
			x2	
			x2	
			x2	
			x2	
			x2	
			x2	
			x2	
			x2	
			x2	
Total		**0**		**0**
Medical Travel Rate				0.57
Total KM to be claimed				0
Total Co-Pay (prescriptions)				
Total Insurance premiums paid				
Total Medical Expense to be claimed for 2023				0