



Partial List of Allowable Medical Expenses

Reference: M21-1, Part IV, Chapter 16, Addendum A

<i>Abdominal supports</i>	<i>Physical therapy</i>
<i>Acupuncture services</i>	<i>Podiatrist</i>
<i>Ambulance services</i>	<i>Prescription drugs to include co pays</i>
<i>Anesthetist/Anesthesiologist</i>	<i>Psychiatrist</i>
<i>Arch supports</i>	<i>Psychoanalyst</i>
<i>Artificial limbs</i>	<i>Psychologist</i>
<i>Assisted living facility with some medical services</i>	<i>Psychotherapy</i>
<i>Back supports</i>	<i>Radiation therapy</i>
<i>Braces</i>	<i>Sacroiliac belt</i>
<i>Chiropodist</i>	<i>Seeing-eye dog (includes maintenance)</i>
<i>Chiropractor</i>	<i>Special diet prescribed by a physician for treatment of an illness ( in addition to, and not as a substitute for, regular diet) – physicians statement required</i>
<i>Crutches</i>	<i>Speech therapist</i>
<i>Dental services (examination, treatment)</i>	<i>Splints</i>
<i>Dentures</i>	<i>Supplemental medical insurance (Medicare Part B)</i>
<i>Dermatologist</i>	<i>Surgeon</i>
<i>Electrocardiograms</i>	<i>Telephone/teletype – special comm equipment for deaf</i>
<i>Eyeglasses (includes contact lenses)</i>	<i>Transportation expense for medical purposes (.20 per mile plus parking and tolls, or actual fares for taxis, buses, etc.)</i>
<i>Gynecologist</i>	<i>Vaccines</i>
<i>Hearing aids and batteries</i>	<i>Vitamins prescribed by a physician for medical purposes (not as a food supplement or to preserve general health)</i>
<i>Health insurance premiums</i>	<i>Wheelchairs</i>
<i>Home health services</i>	<i>Whirlpool baths for medical (therapeutic) purposes</i>
<i>Hospital costs</i>	<i>X rays</i>
<i>Insulin treatment</i>	
<i>Invalid chair</i>	<i>These are auditable expenses. KEEP YOUR RECEIPTS for a possible audit on a year to year basis</i>
<i>Invalid lift</i>	
<i>Laboratory tests</i>	<i>KEEP RECORDS FOR 3 YEARS.</i>
<i>Lip reading lessons (to overcome hearing impairment)</i>	<i>Receipts must indicate the item and amount paid for that item.</i>
<i>Neurologist</i>	
<i>Nursing home (for medical treatment only)</i>	
<i>Nursing services (for medical care, including nurse’s board paid by claimant)</i>	
<i>Occupational therapist</i>	
<i>Ophthalmologist</i>	
<i>Optician</i>	
<i>Optometrist</i>	
<i>Oral surgeon</i>	
<i>Osteopath</i>	
<i>Over-the-counter medications</i>	
<i>Physical examinations</i>	
<i>Physician to include co pay</i>	