Application for Benefits

Type of Expense (doctor visits, hospital visit, prescriptions, Medicare or health insurance premiums, glasses)	Amount Owed	Still Owed? Yes/No	Date Paid	Will Insurance Pay? Yes/No
Hospital	8000	Yes	—	NO
Doctor	500	Yes	—	NO

Purpose of the trip (doctor or hospital visit; pharmacy pick-up)	Total miles driven:	Cost of taxi, bus, parking or lodging:
Hospital	15	50
Doctor	10	20

Do you pay transportation expenses for a dependent child or disabled adult household member? Yes ☒ No ☐

Does anyone 60 years of age or older or disabled have medical expenses for transportation? Yes ☒ No ☐

First Name	Middle Initial	Last Name
Chris	T	Kirk