









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
health Insurance	168	No	12/24/2021	No

Purpose of the trip (doctor or hospital visit; pharmacy pick-up)	Total miles driven:	Cost of taxi, bus, parking or fodging:
doctor	j	450

Do you pay transportation expenses for a dependent child or disabled adult household member?	Yes □ No Æ
Does anyone 60 years of age or older or disabled have medical expenses for transportation? Yes	es 🗆 No 🌠

Middle Initial