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
prescriptions	58	Yes		Yes

Purpose of the trip (doctor or hospital visit; pharmacy pick-up)	Total miles driven:	Cost of taxi, bus, parking or lodging:
pharmacy pick-up	22	3

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 ☐

Sarah

First Name

Middle Initial

Li

Last Name