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# HEALTH SPENDING ACCOUNT

## EXPENSE TRACKER

Before submitting an expense to your Health Spending Account (HSA) make sure you exhaust every other source of potential payment (provincial health care insurance and/or group health and dental benefit plans). This **HSA Expense Tracker** will assist you in calculating the amount to submit to your HSA, using an *HSA Expense Reimbursement Request* form, when a portion of the expense is payable from another source.

The information in the white columns is required on the *HSA Expense Reimbursement Request* form. The shaded areas are for your calculation.

Description of expense	Service date (YYYY/MM/DD)	Name of person incurring expense	Total expense amount	Amount paid by insurance <i>(e.g. provincial health care, group health and dentals benefit plan, etc.)</i>	Amount paid by another HSA	Total amount reimbursed	HSA expense amount <i>(Must be out-of- pocket expense)</i>
<b>These examples are for your reference only</b>							
Prescriptions	2006/01/30	Jane Smith	64.20	40.00	0.00	40.00	24.20
Physiotherapy	2006/02/12	John Smith	120.00	80.00	40.00	120.00	0.00
Orthodontics	2006/02/24	Joe Smith	250.00	0.00	150.00	150.00	100.00
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