[Your Name]
[Your Address]
[Your Phone Number]
[Your Email Address]

[Date]

[Recipient Name or Tax Professional Name]
[Recipient Address]

Subject: Summary of Medical Expenses for Tax Year [Year]

To Whom It May Concern,

This letter provides a summary of my out-of-pocket medical and dental expenses incurred from January 1, [Year], to December 31, [Year]. These expenses were paid for [Myself / My Spouse / My Dependents] and were not reimbursed by insurance or any other health plan.

Date of Service	Provider Name	Description of Service	Amount Paid
[Date]	[Provider Name]	[e.g., Doctor Visit, Prescription, Dental]	$[0.00]
[Date]	[Provider Name]	[e.g., Doctor Visit, Prescription, Dental]	$[0.00]
Total Annual Medical Expenses			**$[Total Amount]**

In addition to the costs listed above, I have calculated a total of [Number] miles driven for medical purposes. At the standard medical mileage rate, this totals $[Amount].

I have retained all original receipts, invoices, and explanation of benefits (EOB) statements should further verification be required.

Sincerely,

[Your Signature]

[Your Printed Name]