

Appeal Form Medical/Dental Expense

*Orthodontics not considered

Student Name	
Student Banner ID	
Today's Date	
Email Address	
Student or Parent Signature*	

office use only	
# of pages	
current status	
prior status	
track code	spcond
prepped by	
date prepped	

* Your signature on this form indicates that information submitted is true and complete to the best of your knowledge.

When to Use this form:

This form is designed to help families communicate unusual medical/dental expenses, paid out of pocket, not covered by insurance during 2018, 2019 or 2020. Medical expenses incurred/paid in 2020 may not be reviewed until the mid-point of the calendar year and may also require families to provide income information related to 2020.

Returning Students

- Decisions on appeals received during the summer break will be finalized mid-September and those received during the fall semester will be finalized mid-February. Results posted in CyberFriar.
- Your bill is still expected to be paid on time and you should not wait for the results of your appeal before paying your bill.
- Submission of an appeal is not a guarantee of additional funding and does not prevent a financial hold being placed on the student account.

Incoming Freshman

- All appeals received before 4/23 will be reviewed on a rolling basis. While not guaranteed, we will make every attempt to respond by your Admission deposit deadlines*.
- You should not wait for appeal results to make your enrollment decision.
- Decisions on appeals received after 5/1 will follow the Returning Student Policy (see box to the left).

**Early Decision I Dec. 6, Early Decision II, Feb. 28 and Early Action & Regular Decision May 1*

Submit **all** of the following:

Omitting any items below will delay the appeal process. Also, if selected for verification by the U.S. Department of Education you may be asked for additional documentation.

- 2018 W2(s)
- 2019 W2(s)
- 2018 Federal Tax Return
- 2019 Federal Tax Return
 - check here if not filed yet
- Detailed Letter of Explanation
- Other supporting documents that strengthen your appeal
- Complete grid on back - do not leave any fields blank



Do not leave any fields blank. Use "n/a" if question does not apply.

Insurance Premiums

	2018 total	2019 total	2020 total	
Amount paid POST-tax i.e.: COBRA or self-employment				Cancelled checks <u>must</u> be attached

Medical/Dental paid out of pocket

Expenses listed without proof of payment will not be considered. If submitting credit card statements you must also include proof that the credit card statement the medical/dental charges were on were also paid in full (i.e. cancelled checks).

Enter figure from Line 1 from Schedule A in the boxes to the right, if applicable.	2018	2019	2020	Submit copies of Schedule A for each year you have entered a figure.
	\$	\$	\$	

Description of Expenses <small>Do not include expenses here that you were able to claim on your Schedule A.</small>	Date Incurred	Amount	Date Paid	Receipt attached	
				Yes	No

Attach separate sheet if needed using the format above.