

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

Attach separate sheet if needed using the format above.