

2022-2023 Appeal Form Medical/Dental Expense

*Orthodontics not considered

of pages current status prior status

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

* 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 2020, 2021 or 2022. Medical expenses incurred/paid in 2022 may not be reviewed until the mid-point of the calendar year and may also require families to provide income information related to 2022.

 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 	 Incoming Freshman While appeals will be reviewed on a rolling basis, a majority of decisions regarding need-based institutional eligibility will not begin until at least April. We will make every attempt to respond to you by your admission deposit deadline*, however, you should not wait for appeal results to make your enrollment decision. Decisions on appeals received after 5/1 will follow
additional funding and does not prevent a financial hold being placed on the student account.	 Decisions on appeals received after 5/1 will follow the Returning Student Policy (see box to the left).
	*Early Decision(1) December 13, Early Decision(II) February 28 and Early Action & Regular Decision May 1

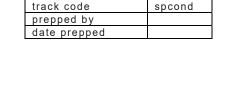
Submit **<u>all</u>** of the following:

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.

- O 2020 W2(s)
- O 2021 W2(s)
- O 2020 Federal Tax Return
- O 2021 Federal Tax Return

check here if not filed yet

- O Detailed Letter of Explanation
- O Other supporting documents that strengthen your appeal
- O Complete grid on back do not leave any fields blank



office use only

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

Insurance Premiums

	2020 total	2021 total	2022 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	2020	2021	2022	Submit copies of Schedule A for each year you have entered a
boxes to the right, if applicable.	\$	\$	\$	figure.

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

Attach separate sheet if needed using the format above.