



2024-2025 Medical/Dental Expense Appeal Form

Office Use Only	
# of Pages:	Tracking Code:
Current Status:	Prepped by:
Prior Status:	Date Prepped:

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 2022, 2023 or 2024. Medical expenses incurred/paid in 2024 may not be reviewed until the mid-point of the calendar year and may also require families to provide income information related to 2024.

<u>Returning Students</u> <ul style="list-style-type: none">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.	<u>Incoming Freshman</u> <ul style="list-style-type: none">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 the Returning Student Policy (see box to the left). <p><i>*Early Decision(I) December 12, Early Decision(II) March 1 and Early Action & Regular Decision May 1</i></p>
---	---

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.

- ☐ 2022 W2(s)
- ☐ 2023 W2(s)
- ☐ 2022 Federal Tax Return
- ☐ 2023 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

Insurance Premiums

	2022 total	2023 total	2024 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.	2022	2023	2024	Submit copies of Schedule A for each year you have entered a figure.
	\$	\$	\$	

[illegible]

Attach separate sheet if needed using the format above.