

Student Financial Aid Office

2009-10 Medical Expense Appeal Form

A letter of explanation/request is **required** to accompany this form. Documentation is **required** for unusually large expenses or estimates of future expenses (i.e. future medical or dental expenses).

Student's Name: _____ Student ID #: _____

Address: _____ Phone #: _____

E-Mail Address: _____ @ _____

Appeal is requested for: Fall Spring Summer

MEDICAL/DENTAL/OPTICAL EXPENSES

Complete this section if you (student and/or spouse, if independent **OR** parents, if dependent) have unusually high unreimbursed medical expenses (including medical insurance premiums).

The UND Student Financial Aid Office will permit reconsideration of an application based on the actual amount of the unreimbursed medical expenses (including medical insurance premiums paid) if those expenses exceed 3% of the total income reported on the Federal Income Tax Return plus any untaxed income.

2008: If you had unusually high medical expenses in 2008, you must submit your 2008 Federal Income Tax Return, including Schedule A if you itemized your deductions. If you did not itemize your deductions, you must also complete this section regarding your 2008 unreimbursed medical expenses.

2009: If you have or will have unusually high medical expenses in 2009, you must complete this section regarding your 2009 unreimbursed medical expenses (this can include a signed estimate from the service provider of anticipated medical expenses).

In which year did (or will) the medical expenses occur? 2008 2009

Please answer all of the following questions for the calendar year checked above:

Did you (or will you) receive medical assistance from any other source? Yes No

If yes, which source: _____ Amount Received: \$ _____

Did you (or will you) pay monthly medical insurance premiums? Yes No

If yes, Monthly Premium: \$ _____ Date Health Coverage began: _____

Insurance Deductible Paid (or will pay): \$ _____

☛ Indicate the amount of money that you **paid** during the calendar year listed above for medical expenses. Do not include amounts covered by insurance, your company medical reimbursement account (flexible spending account), monies paid toward establishing the company medical reimbursement account if tax-deferred, or self-employed health deduction from Form 1040. Do not include any monthly insurance premiums or insurance deductible listed above.

\$ _____

Please complete the other side →

