Wardenburg Health Services
UNIVERSITY OF COLORADO **BOULDER**

Medical Expense Assistance Case Appeal Application

Name: _____

Date: _____

Date of Medical Expense Assistance Application submission:_____

An applicant may file an appeal if the applicant wishes to challenge the decision made by the Student Health Board.

- Should the Student Health Board decline the Medical Expense Assistance Application, the applicant shall have 90 calendar days to file an appeal. An appeal application can be found at the Student Health Board Office or online.

Please circle the reason(s) that you are requesting an appeal:

a. The board was misinformed of the medical condition or financial status of applicant.
b. Incomplete information was initially recorded on the application.
c. The applicant's financial and/or medical situation has changed since the initial application was submitted.
d. Other: _____

Explanation of your situation (you may attach additional information if desired)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

My signature attests that the information in this appeal is complete and accurate to the best of my knowledge. I give my permission for the Student Health Board to verify any information contained in my request. Any person making false statements or misrepresentations is subject to the University Student Conduct Code.

_____ _____
Signature of applicant Date