

WARDENBURG HEALTH CENTER

Campus Box 119
Boulder, Colorado 80309-0119
Phone: 303-492-5101
Fax: 303-492-1747

APPLICATION FOR INDIGENT CARE ASSISTANCE

The UCSU Health Board's Indigent Care Program is designed to financially assist students who are unable to pay incurred medical bills or prescription costs.

Please read the following guidelines thoroughly and complete the attached application. Please bear in mind that an incomplete application could affect your chances of being considered for indigent care assistance. Do not leave any part of this application unfinished.

Charge reduction or waiver guidelines:

1. The University of Colorado at Boulder (UCB) has stipulated that all students be insured or, in the case of insurance waiver, have adequate financial resources to meet health care needs. All students must also have paid the student fees in full to be considered for indigent care.
2. Charge reduction or waiver requests with incomplete information and documentation will not be considered. Please include insurance statements of payment or other documentation if third parties are involved.
3. Falsification of information on the application will result in refusal of the request. The information will be verified.
4. The income/expense sheet must be completed by the student and verified by the Office of Financial Aid if the charge reduction or waiver is based on financial need.
5. Petitions must be submitted within four months of the date that the charges were incurred.

Applicants may deviate from these guidelines only in the case of extenuating circumstances and at the discretion of the UCSU Health Board.

<http://www.colorado.edu/healthcenter/>

Application for Waiver/Reduction of Charges

Date _____

This is a request for: Postponement of charges____ Reduction of charges____ Waiver of charges____

Note: Students will be provided required health care services, with the understanding that if his/her request for uncompensated care is denied by the UCSU Student Health Board, s/he will be billed, and expected to pay for the services provided.

Demographic Information

Name _____
Last First Middle

Address _____
City State Zip

SSN _____ Marital Status _____ Number of dependents _____

Please complete and check preferred contact:

Work _____ Home _____ Email _____

Class: FR SO JR SR Grad Major _____ # Credits this semester: _____

Did you pay the total student fee? Yes No

Primary Insurance Information

Name of Insurance Carrier:

Policy Number _____

Group Number _____

Program Name _____

Plan Name _____

Effective Dates _____

Secondary Insurance Information

Name of Insurance Carrier:

Policy Number _____

Group Number _____

Program Name _____

Plan Name _____

Effective Dates _____

Income and Expense Worksheet for Waiver/Reduction of Charges

Please include any explanations of unusual expenses

INCOME

Over 2 semesters

Financial Aid Grant _____

Scholarship(s), Total _____

Loan(s), Total _____

Monthly

Parental Support _____

Job _____

Additional Income (explain) _____

Additional Income (explain) _____

TOTAL INCOME per academic year _____

EXPENSES

Tuition per academic year

In-state _____

Out-of-state _____

Room and Board per academic year

On-campus _____

Off-campus _____

TOTAL EXPENSES per academic year _____

Additional comments/explanation: _____

Cost estimates for academic year 2008 – 2009:

Colorado resident: \$18,887 to \$22,461

Non-resident: \$38,365 to \$41,611

Estimates for student cost budgets can be found at

<http://www.colorado.edu/prospective/freshman/finances/index.html>