# Medical Expenses - Dependent

## 2024-2025 *(Fall 2024, Spring 2025, Summer 2025)*

Office of Financial Aid
UNIVERSITY OF COLORADO **BOULDER**

**Name**: _____ **ID:** _____
Student's Name (Last, First, M.I.) Student Identification Number (SID)

**Instructions:**
The Free Application for Federal Student Aid (FAFSA) already considers expected medical costs in a given year. If you experienced significant medical expenses beyond what you normally would pay, please complete this form. You must provide an explanation and documentation of medical expenses your parent(s) paid or expect to pay in **one calendar year**, such as billing statements documenting payments, receipts or account summaries from your health care providers. We cannot accept unpaid bills or an explanation of benefits as proof of payment. Please contact our office for help with completing this form or with any questions you may have about your personal circumstances.

**1. In which year were these medical expenses paid?**

- ☐ Paid in calendar year 2022
- ☐ Paid or will be paid in calendar year 2024
  *Also complete Parent Estimated Income Form**

**2. Medical Expenses Paid**

Report medical expenses paid by the parent(s) whose income is reported on the FAFSA. Only expenses paid in the calendar year selected above can be reported.

**This form will be marked incomplete without supporting receipts/documents.** Do not combine expenses from multiple years.

| **Type of Medical Expense** (doctor, dentist, optometrist, hospital, pharmacy, health insurance premiums, etc.) | **Amount Paid** | **Date You Paid** | **Recurring Expense: Yes/No** (payment plan, monthly medication) |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |
| 11. | | | |
| 12. | | | |
| 13. | | | |
| 14. | | | |
| 15. | | | |

**PLEASE SEE OTHER SIDE FOR REMAINDER OF FORM, INCLUDING SIGNATURE CERTIFICATION**

**Submit supporting receipts/documents for reported expenses along with this form and include the student's name and SID on each page.**

3. Provide an explanation of your medical expenses in the box below:

*Please note: CU Boulder has a responsibility to provide a safe and nondiscriminatory environment. If your appeal references sexual misconduct or protected class discrimination or harassment, the Office of Financial Aid is obligated to report allegations of this nature to the Office of Institutional Equity and Compliance (OIEC) in addition to considering your appeal on these grounds. OIEC may contact you in this case, but you are not required to respond if you so choose.*

Student signature _____ Date _____

Parent signature *(required only if student is dependent)* _____ Date _____
**OR** Signature of Student's Spouse

Electronic and typed signatures are not acceptable.