Medical Expenses



Name: Student's Name (Last, First, M.I.)				ID:				
			Student Identification Number (SID)					
Instructio								
	the following worksheet and provide do							
	such as billing statements documenting							
	We cannot accept unpaid bills or an except with completing this form or with a							
Office for f	icip with completing the form of with a	ily questions	you may nave c	ibout your p		notanoco.		
For depen	dent students, report medical expense	s paid by the	parent (s) who	se income is	reported on	the FAFSA. F	-or	
independe	ent students, report medical expenses	paid by you a	nd/or your spou	se.				
Madiaal	Evenesse Beid in 20 /v							
	\	ear):						
Date	o not combine expenses from multi Name of Medical Provider	Total Cost	Amount Not	Amount	Date	Supporting	Recurring	
Service	(doctor, dentist, optometrist, hospital,	of Service	Covered by	Paid	You Paid	Documents	Expense?	
Nas Pagaiyad	pharmacy, health insurance premiums, etc.)	Received	Insurance			Attached?	Y/N	
Received		(if known)				Y / N		
).								
i.								
2.								
3.								
1.								
5.								
TOTAL this page:								
9								
	will be marked incomplete without pporting receipts/documents for report				actude the st	ident's name	and SID	
on each p		ited expenses	s along with this	s ioiiii aiiu ii	icidde trie sti	udent s name	and Sid	
011 0d011 p	ago.							
Student signature				Date				
Otadont of	gnaturo		Ъ.	110				
Parent signature (required only if student is dependent)			Da	Date				
Or Signate	ure of Student's Spouse							
	and typed signatures are not accepta	able						
Electronic	and typed dignatares are not accepte							
Electronic	and typod dignatared are not accepte							

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