University of Colorado Boulder

OFFICE OF FINANCIAL AID

Medical Expenses 2014

Student's Name (Last, First, M.I.). *Please print.*

Student Identification Number (SID)

Instructions:
Complete the following worksheet and provide documentation of medical expenses you paid or expect to pay in 2014 such as 2014 tax form Schedule A, billing statements documenting payments or receipts or account summaries from your health care providers.

For dependent students, report medical expenses paid by the parent (s) whose income is reported on the FAFSA. For independent students, report medical expenses paid by you and/or your spouse.

Medical Expenses Paid in 2014:

Date Service Was Received	Name of Medical Provider (doctor, dentist, optometrist, hospital, pharmacy, health insurance premiums, etc.)	Total Cost of Service Received (if known)	Amount Not Covered by Insurance	Amount Paid/ To Be Paid in 2014	Date You Paid	Supporting Documents Attached? Y / N
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
TOTAL this page:						

Student Signature Date

Parent Signature (for Dependent students) **or** Signature of Student's Spouse Date

Please mail or fax this form to:
University of Colorado Boulder
Office of Financial Aid, Attn: PJ
77 UCB
Boulder, CO 80309-0077
FAX: 303-492-0838, Attn: PJ

***Please include student's name and SID on each page submitted**

Feb 14

FA Appeals > FA PJ Appeals > FA PJ Medical Exp

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