



119 UCB
Boulder, Colorado 80309-0119
wardshb@colorado.edu

APPLICATION FOR MEDICAL EXPENSE ASSISTANCE

The Wardenburg Student Health Board Medical Expense Assistance Fund is designed to financially assist students who are unable to pay incurred medical bills or prescription costs.

Please read the following bylaws thoroughly and complete the attached application. Please bear in mind that an incomplete application could affect your chances of being considered for medical expense assistance. **Do not leave any part of this application unfinished.** Please note: applicants must **first** turn in the completed form, cost of attendance worksheet, and a copy of the medical bills before their application will be considered. Return the completed application, except for the *Cost of Attendance Worksheet*, to the Wardenburg Health Services administration office (room 327).

For questions, comments, or concerns regarding this application, contact the Student Health Board at wardshb@colorado.edu.

I. Qualifications

1. No applicant shall be granted funds for the following cases:
 - a. Non-emergency dental cleanings
 - b. Non-emergency chiropractic services
 - c. Sex change surgical procedures
 - d. Non-emergency cosmetic surgery
 - e. Experimental and non-FDA approved treatments
 - f. Elective surgeries that are not medically necessary
 - g. Court ordered procedures such as drug testing
2. The applicant must satisfy the following requirements:
 - a. Be a student at the University of Colorado at Boulder who is actively paying student fees at the time the expenses are incurred and at when the complete application is submitted.
 - b. Be able to furnish a student identification number (SID) to be verified by the Office of Financial Aid
3. Any submitted medical bill will only be considered once.
4. The applicant will only be granted funds on printed, itemized, and unpaid medical bills; individuals who have already paid off their bills may not be reimbursed for their costs and will not be considered for funds.
5. Applications will not be considered if the bills have already gone to collections.
6. The *Cost of Attendance Worksheet* (page 6 of the application) must be turned in to the Office of Financial Aid for completion. Financial Aid will forward the worksheet to the Student Health Board before the application will be reviewed.

II. Maximum Allotted Funds

1. The maximum allotted amount for any given case at any given time will be as follows.

Note: Tier level is at the discretion of the Student Health Board at the time of the application.

Tier 1	Maximum of up to 40% of what is currently in the Medical Expense Assistance Fund (<i>may include sickness and colds, URIs, vaccines, screenings, and testing</i>)
Tier 2	Maximum of up to 60% of what is currently in the Medical Expense Assistance Fund (<i>may include MRI/CAT scans, x-rays, PHP (non-emergency) disorders</i>)
Tier 3	Maximum of up to 80% of what is currently in the Medical Expense Assistance Fund (<i>may include emergency, trauma</i>)

III. Additional Information

1. If contacted by the Student Health Board, the medical expense assistance applicant must respond within two weeks (14 days) in order for the application to remain active.
2. Current Insurance
 - a. Applicants who are not on the Student Gold Plan must include detailed information about their insurance coverage including but not limited to the deductible, co-pay, max-life, max out-of-pocket, prescription benefits, exclusions, and limits.
 - b. Upon request, applicants shall submit all necessary information related to health insurance, including a copy of their insurance policy and insurance card, the address where the medical claim forms must be submitted, policy number, and any other information deemed necessary.
3. Applicants must include detailed information about their primary source of income including but not limited to job and/or both maternal and paternal benefactors and/or legal guardians.
4. Applicants must disclose and fully explain any prior medical conditions that are relevant to the current medical expense assistance request.
5. Applicants must disclose and fully explain any and all expenses that are relevant to the current medical expense assistance request.
6. Applicants must turn in all parts of the application (application, bills, and *Cost of Attendance* worksheet) in order to be considered.
7. All funds granted to applicants will be paid directly to medical providers. No funds will be paid directly to applicants. The Student Health Board will make exceptions for expenses required to be paid in advance (e.g., prescriptions).

IV. Interview

1. The Student Health Board may choose to schedule an interview with the chair or co-chair and the applicant.
2. The interview will consist of five questions that will remain the same for all applicants as well as additional information requested by the Student Health Board.
3. Interview Questions
 1. What is the reason for applying for the Medical Expense Assistance Fund?
 2. What reason(s) make you unable to fund your case?
 3. What other current expenses would prevent you from paying for this case?
 - a. Medical
 - b. General expenses
 4. Do you see your case requiring additional funds in the future?
 5. Have you explored other available options for payment of your medical expenses?

V. Appeals

1. An applicant may file an appeal if the applicant wishes to challenge the initial decision made by the Student Health Board.
 - a. In order to file an appeal, an applicant shall have 90 calendar days from the date the Student Health Board declined the application. An appeal application can be found at the Student Health Board office or online.
Note: Funds granted are contingent upon the funds available at the time of the appeal.
2. An applicant can request an appeal for the following reasons:
 - a. The Student Health 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



Application for Waiver / Reduction of Charges

Date _____

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

Demographic Information

Name _____
Last First Middle

Address _____
City State Zip

SID _____ Marital Status _____ Number of dependents ____

Date of Birth (day/month/year) _____

Please complete and check preferred contact:

☐ Work _____ ☐ Home _____ ☐ Email _____

Class: FR SO JR SR Grad Major _____

Credits this semester: _____

Are you currently a full fee-paying student? ☐ Yes ☐ No ☐ Not sure

Are you on the Student Gold Insurance Plan? ☐ Yes ☐ No

Have you previously applied for the Medical Expense Assistance Fund? ☐ Yes ☐ No

Primary Insurance Information

Policy Number _____	Max-Out-of-Pocket _____
Group Number _____	Exclusions and Limits _____
Member Services Phone Number _____	Prescription Benefits _____
Effective Dates _____	Co-pay _____
Deductible _____	
Max-Life _____	



Your application will not be processed if this section is incomplete.

Have you received your treatment? ☐ Yes ☐ No

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Additional Questions

Do you anticipate this case to require additional funds? ☐ Yes (explain) ☐ No

Please list your primary source of income, example, relatives, job(s), and/or financial aid.

Please list and explain any reoccurring / relevant medical conditions that have persisted over the last three years.

Please list and explain any reoccurring / relevant medical expenses that have persisted over the last three years.

What other current expenses would prevent you from paying for this case? Include both medical and general expenses.

How did you hear about the Medical Expense Assistance Fund?

My signature attests that I authorize the Wardenburg Student Health Board to access any and all information regarding my current health care plan.

My signature attests that I have read and agree to the terms listed in the Medical Expense Assistance Bylaws.

My signature attests that the information on this application is complete and accurate to the best of my knowledge. I give my permission for the Student Health Board or Wardenburg Health Services 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



Cost of Attendance Worksheet

Please sign and submit this form to the Office of Financial Aid in Regent Hall. Once complete, the Office of Financial Aid will forward the form to the Student Health Board at 119 UCB. No further action is required by the applicant.

To be completed by student:

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

Student Identification Number (SID)

I authorize the Office of Financial Aid to release my financial aid information to the Student Health Board to help determine my eligibility for medical expense assistance.

Student signature

Date

To be completed by the Office of Financial Aid:

Cost of Attendance	Fall / Spring
Tuition / fees	
Books & supplies	
Room & board	
Medical expenses	
Personal expenses	
Travel	
TOTAL	\$

Financial Resources	Fall / Spring
Federal Pell Grant	
Other federal/state grants	
Scholarships	
Work-study	
Student loans	
Parent loans	
TOTAL	\$

Comments regarding financial aid eligibility:

By signing below I attest that the information provided is true and accurate to the best of my knowledge.

Financial Aid Representative signature

Date

Email Address