

Medical Expenses Adjustment Request

2018/2019

UCM use only

Medical_Expenses_18.pdf NOV 3, 2017

MEDCL

Student's Name (please print)

700 _____
UCM ID Number

I am requesting that the medical expenses ___ I or ___ my parent(s) were required to pay **out-of-pocket** during the **2016 calendar year** be considered in the calculation of my eligibility for federal financial aid.

① Following is an **explanation** of these medical expenses and when they were incurred and/or paid:

② A total of \$ _____ was paid **out-of-pocket** during the 12-month 2016 calendar year for the above medical expenses. I (we) certify that none of this amount was (or will be) paid (or reimbursed) by medical/health insurance or by any other agency or individual. **Documentation must be provided for all expenses.**

③ Please explain if any of the above expenses are **still unpaid or outstanding**:

④ A photocopy of **Schedule A** of the 2016 federal tax return **must** be included with this request. If a Schedule A was not filed, invoices and/or photocopies of canceled checks **must** be included.

*FAILURE TO PROVIDE ALL INFORMATION AND REQUIRED DOCUMENTS CAN
DELAY THE RECALCULATION OF YOUR FINANCIAL AID ELIGIBILITY.*

I (we) certify that the medical expenses information provided on this form is **true and accurate** to the best of my (our) knowledge. I (we) also understand that any adjustments made by the UCM Office of Student Financial Services will be based on federal guidelines, and a change to my federal financial aid eligibility **may or may not** be permitted.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

Complete and submit this form (and the required documents) to the UCM **Office of Student Financial Services** in person (1100 Ward Edwards Bldg.) or by mail (Student Financial Services, P.O. Box 800, Warrensburg MO 64093-5178), or by fax (660-543-8080).