

## Medical Re-Evaluation Appeal 2020-2021

<b>Name:</b> _____	
<b>Date of Birth:</b> _____	<b>MSU Denver ID#:</b> _____
<b>E-mail:</b> _____	<b>Phone Number:</b> _____
I affirm that I have read, understood, and agreed to this form in its entirety and that the information supplied is true and complete.	
<b>Signature:</b> _____	<b>Date:</b> _____

You are requesting that MSU Denver's Office of Financial Aid and Scholarships review your **PAID** medical expenses (i.e., prescriptions, doctor and dentist visits, eye care, etc.), to allow for a possible increase in financial aid. Medical expenses paid by you/your parents (if dependent) will determine what can be excluded from your base year's income. Medical expense paid by you as the student may be added to your current academic year's budget. The minimum expense we will consider is \$200. This form **MUST** be received by our office at least 3 weeks prior to the end of the semester you are requesting consideration for. Incomplete documents will **NOT** be accepted by our office. **Please fill out form legibly and in blue or black ink.**

**REQUIRED: ATTACH DETAILED LETTER EXPLAINING YOUR REQUEST.**

Please answer the following questions and follow the instructions carefully.

**When did you pay the medical bill(s)?**

- 2018 (Complete Section A)       2020-2021 academic year (Complete Section B)  
**Applies to STUDENT expense ONLY**

**Section A:**

**NOTE:** This adjustment will cause a recalculation of your Expected Family Contribution (**EFC**).

**I, my spouse or one of my parents (if dependent) have high medical or dental expenses in excess of 11% of my/their 2018 Adjusted Gross Income.**

Please itemize and attach documentation of all expenses paid by you in 2018 that you want us to consider. **We will only consider PAID bills for expenses in 2018.** You must submit actual receipt of payment by you, the student. A copy of **Schedule A** from your 2018 Federal Tax Return may be used in place of receipts.

Bills Paid	Amount
	\$
	\$
	\$
	\$
	\$
	\$
<b>Total Dollar Amount</b>	<b>\$</b>

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## **Section B:**

**NOTE:** This adjustment may cause an increase in **your student** budget which may allow for additional loans if you have not already borrowed your maximum annual/aggregate limits.

Please itemize and attach documentation of all expenses **PAID** by you during the 2020-2021 academic year.

**We will consider only PAID bills for expenses that occurred during the time you have been a student at MSU Denver in the 2020-2021 academic year.**

<b>Bills Paid</b>	<b>Amount</b>
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>Total Dollar Amount</b>	<b>\$</b>

**If your response is longer than space provided, please attach an additional sheet of paper with your detailed information.**