**Student’s Name** ___________________________  **Student Identification Number** ___________________________

**Instructions:**
Complete the following worksheet and provide documentation of medical expenses you paid in 2014. You must provide relevant documentation associated with each service and payment (billing statements, insurance statements, account summaries from your health care provider, etc.)

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:**

<table>
<thead>
<tr>
<th>Date Service was Received</th>
<th>Name of Medical Provider</th>
<th>Cost of service received</th>
<th>Amount not covered by insurance</th>
<th>Amount paid in 2014</th>
<th>Date you paid</th>
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</table>

If additional space is needed please list on back of form.

I/we certify that the information listed is true and accurate.

_________________________________  _____________________________________________
Student Signature                                    Date   Parent Signature (for dependent students)            Date
or signature of student’s spouse

**Please submit this form, with any supporting documents, with your reconsideration of need request to:**
Office of Financial Aid
Fort Lewis College
1000 Rim Drive
Durango, CO 81301
970-247-7142 or 970-247-7108 (fax)
Finaid_off@fortlewis.edu

(Only expenses paid in excess of what is already accounted for in the federal methodology calculation of the students EFC will be considered.)