



**Fort Lewis College Financial Aid Office  
2020-21 Medical Expense Form**

**Financial Aid Office**  
1000 Rim Drive  
Durango, CO 81301-3999  
Phone: 970-247-7142  
Fax: 970-247-7108  
Toll Free: 1-800-352-7512  
Email: [finaid\\_off@fortlewis.edu](mailto:finaid_off@fortlewis.edu)

STUDENT NAME \_\_\_\_\_ STUDENT ID \_\_\_\_\_

**Instructions:** Complete the following worksheet and provide documentation of medical expenses you paid in 2018 or 2019. We may ask for your 2019 tax information if you are providing 2019 medical expenses. 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.

List the medical expenses you paid out of pocket and indicate which year they were paid. List below or attach separate sheet.

Date Service was Received	Name of Medical Provider	Cost of service received	Amount not covered by insurance	Amount paid in 2018 or 2019	Date you paid

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

\_\_\_\_\_  
Student Signature                                  Date                                  \_\_\_\_\_  
Parent Signature (for dependent students)                  Date

**Please submit this form, with any supporting documents, with your reconsideration of need request to:**

Financial Aid Office  
Fort Lewis College  
1000 Rim Drive  
Durango, CO 81301  
970-247-7142 or 970-247-7108 (fax)  
[Finaid\\_off@fortlewis.edu](mailto:Finaid_off@fortlewis.edu)

(Only expenses beyond what is already accounted for in the federal methodology regarding medical allowances used in the calculation of the student's EFC will be considered.)