



2021-22 Medical Expense Form

STUDENT NAME _____ STUDENT ID _____

Instructions: Complete the following worksheet and provide documentation of medical expenses you paid in 2019 or 2020. We may ask for your 2020 tax information if you are providing 2020 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 2019 or 2020	Date you paid

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

Student Signature

Date

Parent Signature (for dependent students)

Date

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.