



Financial Aid Office  
 Lommasson Center 218  
 Missoula, MT 59812-2232  
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## Medical Expenses for Special Circumstance

Student Name: \_\_\_\_\_  
 UM E-Mail: \_\_\_\_\_

UM ID#: 790-\_\_\_\_\_  
 Phone#: \_\_\_\_\_

**Instructions:** Complete the following worksheet and provide documentation of medical expenses you paid in one tax year, such as billing statements documenting payment, receipts or account summaries from your health care provider. The Financial Aid Office cannot accept unpaid bills or explanation of benefits as proof of payment. Please contact our office for help completing this form or with any question you may have about your personal circumstances.

**Please indicate which year you would like for us to review your medical expenses (you can only choose one):**

- 2018 (1/1/2018 -12/31/2018)
- 2019 (1/1/2019 -12/31/2019)
- 2020 (1/1/2020 -12/31/2020)

*\*Please do not combine expenses from multiple years.\**

Date Service Was Received:	Name of Medical Provider (doctor, dentist, optometrist, hospital, pharmacy, health insurance premiums, etc.):	Total Cost of Service Received (if known):	Amount Not Covered by Insurance:	Amount Paid:	Date You Paid:	Supporting Documents Attached?: (Circle)	Recurring Expense?: (Circle)
		\$	\$	\$		Yes / No	Yes / No
		\$	\$	\$		Yes / No	Yes / No
		\$	\$	\$		Yes / No	Yes / No
		\$	\$	\$		Yes / No	Yes / No
		\$	\$	\$		Yes / No	Yes / No
		\$	\$	\$		Yes / No	Yes / No
		\$	\$	\$		Yes / No	Yes / No
		\$	\$	\$		Yes / No	Yes / No
		\$	\$	\$		Yes / No	Yes / No
		\$	\$	\$		Yes / No	Yes / No
		\$	\$	\$		Yes / No	Yes / No
		\$	\$	\$		Yes / No	Yes / No
		\$	\$	\$		Yes / No	Yes / No
		\$	\$	\$		Yes / No	Yes / No
<b>TOTALS:</b>							

The UM Financial Aid Office will carefully review your information, but please remember that even though the review of medical expenses may result in a lower the Expected Family Contribution (EFC), it may not result in additional financial aid.

By signing below, I/We certify that all of the information provided on this form is true and complete to the best of my/our knowledge. I/We understand this request may require further documentation and is subject to the professional judgment of the UM Financial Aid Office staff. Decisions are made annually and on a case-by-case basis. Any decision is final and applies **only** to UM. Please note if you purposely give false or misleading information, you may be fined \$20,000, sent to prison, or both.

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Student Signature

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Parent Signature (required only if student is dependent)