



# 2021-22 Medical Expenses for Special Circumstance

Student Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Tech E-Mail: \_\_\_\_\_

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):**

- 2019 (1/1/2019 -12/31/2019)
- 2020 (1/1/2020 -12/31/2020)
- 2021 (1/1/2021 -12/31/2021)

*\*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
		\$	\$	\$		Yes / No	Yes / No
		\$	\$	\$		Yes / No	Yes / No
<b>TOTALS:</b>							

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

*By signing this form, I affirm that all information on this form and on any attachments is complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.*

\_\_\_\_\_  
Student Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (Required only if student is dependent)

\_\_\_\_\_  
Date