2014-15 SIGNIFICANT MEDICAL/DENTAL EXPENSES FORM

Student’s Name ___________________________________________  Reed ID __________________________

By completing and submitting this form, you are requesting the Reed College Financial Aid Office to reevaluate your financial aid eligibility based on special circumstances. The Reed College Financial Aid Office reviews such requests on an individual basis and will respond in writing as to the results of this review. Please note the following:

• Medical expenses are considered on an annual basis. If you have ongoing medical expenses, you will need to provide updated information with your financial aid applications in subsequent years.
• The expenses to be considered must be required treatment; elective, cosmetic, or optional treatment will not be considered.
• Additional documentation from a health care professional may be required.

COMPLETE THE FOLLOWING:

<table>
<thead>
<tr>
<th>TYPE OF SERVICE</th>
<th>DATE OF SERVICE</th>
<th>AMOUNT NOT PAID BY INSURANCE</th>
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<tbody>
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(use additional page if necessary)

DOCUMENTATION

• Attach copies of bills for all expenses you are claiming. If you are submitting more than 3 bills, include a cover sheet with the name of the provider and the amount of the bill.
• Attach proof that the claim has not/will not be paid by insurance.

READ AND SIGN

All of the information included with this form is true and complete to the best of my knowledge. I agree to provide additional documentation if requested.

_________________________________________________  __________________________
Student Signature (if student information provided)  Date

_________________________________________________  __________________________
Parent Signature (if parent information provided)  Date

Submit this form, along with your documentation to the Office of Financial Aid, Reed College, 3203 SE Woodstock Blvd, Portland, OR 97202-8199.

03/14 MEDEXP