

SIGNIFICANT MEDICAL/DENTAL EXPENSES FORM

Student Name	Reed ID
--------------	---------

By completing and submitting this form, you are requesting the Reed College Financial Aid Office to reevaluate your financial situation based on unusual, special, or changed circumstances. The financial aid office reviews such requests on an individual basis and will respond in writing with the results of this review. **Submit this form, along with a letter of explanation and your supporting documentation, to the Office of Financial Aid at Reed College only if you have already received a financial aid package.** 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.

EXPENSES INCURRED (use additional page if necessary)

Type of Service	Date of Service	Amount <i>not</i> paid by insurance
		\$
		\$
		\$
		\$

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.

AUTHORIZATION AND SIGNATURE: All of the information included in this form is true and complete to the best of my knowledge. I agree to provide additional documentation of the above statements if requested to do so.

Student Signature	Date
Parent Signature (if parent information provided)	Date