



**SPECIAL CIRCUMSTANCES
UNUSUAL MEDICAL & DENTAL EXPENSES**

(STUDENT NAME)

(STUDENT I.D. NUMBER)

You have indicated that you and your family have unusual medical and/or dental expenses **not covered by insurance**. Please answer the following questions and be very specific in your answers.

1. How much did you pay for your medical/dental insurance? (**Do not include employer's contribution**) **ATTACH a copy of your receipts or Schedule A of your tax return.**

20____ Yearly amount

2. What were your medical/dental expenses **not paid by insurance**? (**Attach a statement explaining the type of expenses and amount paid for each type and attach COPIES of your receipts.**)

20____ Yearly amount

3. Please explain if your current un-reimbursed medical/dental expenses will be lower, the same, or higher than the previous year.

4. From what sources will you finance these expenses?

Signature

Date

Note: Your documentation must clearly state the amount **YOU PAID**. We **cannot** use the amount paid by your medical insurance.