

119 UCB
Boulder, Colorado 80309-0119
wardshb@colorado.edu

III. Additional Information

1. If contacted by the Student Health Board, the medical expense assistance applicant must respond within two weeks (14 days) in order for the application to remain active.
2. Current Insurance
 - a. Applicants who are not on the Student Gold Plan must include detailed information about their insurance coverage including but not limited to the deductible, co-pay, max-life, max out-of-pocket, prescription benefits, exclusions, and limits.
 - b. Upon request, applicants shall submit all necessary information related to health insurance, including a copy of their insurance policy and insurance card, the address where the medical claim forms must be submitted, policy number, and any other information deemed necessary.
3. Applicants must include detailed information about their primary source of income including but not limited to job and/or both maternal and paternal benefactors and/or legal guardians.
4. Applicants must disclose and fully explain any prior medical conditions that are relevant to the current medical expense assistance request.
5. Applicants must disclose and fully explain any and all expenses that are relevant to the current medical expense assistance request.
6. Applicants must turn in **all** parts of the application (application, bills, and *Cost of Attendance* worksheet) in order to be considered.
7. All funds granted to applicants will be paid directly to medical providers. No funds will be paid directly to applicants. The Student Health Board will make exceptions for expenses required to be paid in advance (e.g., prescriptions).

IV. Interview

1. The Student Health Board may choose to schedule an interview with the chair or co-chair and the applicant.
2. The interview will consist of five questions that will remain the same for all applicants as well as additional information requested by the Student Health Board.
3. Interview Questions
 1. What is the reason for applying for the Medical Expense Assistance Fund?
 2. What reason(s) make you unable to fund your case?
 3. What other current expenses would prevent you from paying for this case?
 - a. Medical
 - b. General expenses
 4. Do you see your case requiring additional funds in the future?
 5. Have you explored other available options for payment of your medical expenses?

V. Appeals

1. An applicant may file an appeal if the applicant wishes to challenge the initial decision made by the Student Health Board.
 - a. In order to file an appeal, an applicant shall have 90 calendar days from the date the Student Health Board declined the application. An appeal application can be found at the Student Health Board office or online.
Note: Funds granted are contingent upon the funds available at the time of the appeal.
2. An applicant can request an appeal for the following reasons:
 - a. The Student Health Board was misinformed of the medical condition or financial status of applicant.
 - b. Incomplete information was initially recorded on the application.
 - c. The applicant's financial and/or medical situation has changed since the initial application was submitted.
 - d. Other

Application for Waiver / Reduction of Charges

Date

Additional Questions

Do you anticipate this case to require additional funds? Yes (explain) No

Please list your primary source of income, example, relatives, job(s), and/or financial aid.

Please list and explain any reoccurring / relevant medical conditions that have persisted over the last three years.

Please list and explain any reoccurring / relevant medical expenses that have persisted over the last three years.

What other current expenses would prevent you from paying for this case? Include both medical and general expenses.

How did you hear about the Medical Expense Assistance Fund?

My signature attests that I authorize the Wardenburg Student Health Board to access any and all information regarding my current health care plan.

My signature attests that I have read and agree to the terms listed in the Medical Expense Assistance Bylaws.

My signature attests that the information on this application is complete and accurate to the best of my knowledge. I give my permission for the Student Health Board or Wardenburg Health Services to verify any information contained in my request. Any person making false statements or misrepresentations is subject to the University Student Conduct Code.

Signature of applicant

Date



Cost of Attendance Worksheet

Please sign and submit this form to the Office of Financial Aid in Regent Hall. Once complete, the Office of Financial Aid will forward the form to the Student Health Board at 119 UCB. No further action is required by the applicant.

To be completed by student:

Student's Name (Last, First, M.I.). Please print.

Student Identification Number (SID)

I authorize the Office of Financial Aid to release my financial aid information to the Student Health Board to help determine my eligibility for medical expense assistance.

Student signature

Date

To be completed by the Office of Financial Aid:

Cost of Attendance	Fall / Spring
Tuition / fees	
Books & supplies	
Room & board	
Medical expenses	
Personal expenses	
Travel	
TOTAL	\$

Financial Resources	Fall / Spring
Federal Pell Grant	
Other federal/state grants	
Scholarships	
Work-study	
Student loans	
Parent loans	
TOTAL	\$

Comments regarding financial aid eligibility:

it _____