

University of Central Missouri
Student Financial Services
P.O. Box 800
Warrensburg, MO 64093-5178

Phone 660-543-8266 FAX 660-543-8080
On-line: www.ucmo.edu/contactsfcs
Webpage: www.ucmo.edu/sfs
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UCM use only
Medical_Expenses_ . S G I 1 2 920
MEDCL

700

Student's Name (please print) _____
on of my eligibility for federal financial aid

UCM ID Number

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C Following is an explanation of these medical expenses and when they were incurred and/or paid

d A total of \$ _____ was paid out-of-pocket during the 12-month ~~20~~ U _____ calendar year for the above medical expenses. I (we) certify that none of this amount was (or will be) paid (or reimbursed) by medical/health insurance or by any other agency or individual. Documentation must be provided for all expenses.

e Please explain if any of the above expenses are still unpaid or outstanding

f A photocopy of Schedule A of the 20 _____ federal tax return must be included with this THE RECALCULATION OF

I (we) certify the medical expenses information provided is true and correct to the best of my (our) knowledge. I (we) also understand that Student Financial Services will be based on federal guidelines, and

eligibility may or may not be permitted.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

Complete and submit this form (and the required documents) to UCM Student Financial Services in person (1100 Ward Edwards Bldg.) or by mail (Student Financial Services, P.O. Box 800, Warrensburg MO 64093-5178), or by fax (660-543-8080).