

2017-2018 Medical/Dental Documentation

Only submit this form if you have completed a 2017-2018 Special Circumstance Form indicating Medical/Dental Expenses



Office of Student Financial Aid
 University of Illinois at Urbana-Champaign
 620 East John Street - MC 303
 Champaign, IL 61820-5712
 Fax (217) 265-5516 Phone (217) 333-0100

UIN: _____ Student Name: _____
(University Identification Number on I-Card) Last Name First Name MI

- Please document that 10% of your projected 2017 income has been paid in medical/dental bills, for persons in your household, from personal resources. ONLY report medical/dental expenses that could be itemized on a personal Federal Tax Return.
- Use this form to list the date the item was paid, amount paid, and type of documentation provided to verify amounts paid in 2017.
- In the order listed below, attach supporting documentation that verifies the amount paid from personal resources.
- Please do NOT submit bills showing only the amount due or Notice of Benefit Statements as amounts owed do not count for this exclusion unless you have a payment plan in place with a medical/dental facility. In which case, you must submit a copy of any payment plan you currently have in place at a medical/dental facility.

NO.	Date paid in 2017	Amount paid	Please identify type of documentation submitted. Examples: Copy of bill showing personal payment, receipt, cancelled check, etc.
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Total amount documented on this page: \$ _____