

# 2025-26 Medical/Dental Documentation

Only submit this form if you have completed a 2025-2026 Special Circumstance Form indicating Medical/Dental Expenses



UID: \_\_\_\_\_ Student Name: \_\_\_\_\_  
(University Identification Number on ID Card) Last Name First Name MI

- Please document that you/your family has paid over 11% of your 2023 or 2024 total income (Adjusted Gross Income) in medical/dental expenses for persons in your household. ONLY report medical/dental expenses, that were medically necessary, 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 2023 or 2024.
- If using 2024 expenses, please submit a copy of your 2024 Federal Tax Return Transcript from IRS.gov.
- 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 2023 or 2024	Amount paid	Please identify type of documentation submitted. Examples: Copy of bill showing personal payment, receipt, bank statement, etc.
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Total amount documented on this page: \$ \_\_\_\_\_

Please submit this form and supporting documentation with the 2025-2026 Special Circumstances Form.