

Medical/Dental Expense Form
(Undergraduate Students)

Student Name

SUID Number

Email

Telephone Number

STEP I: Read and Review

- ▶ **Undergraduate students must be enrolled and receiving Stanford Need-Based Scholarship at the time the expenses were incurred in order to be considered for additional funding. Additional funding may be in the form of loans or scholarship funds depending on the FAO’s evaluation of your financial circumstances.**
- ▶ **Uninsured or unreimbursed medical and/or dental expenses must be incurred during the current academic year.**
- ▶ **Documentation of the costs is required to complete this request.**

STEP II: List all out-of-pocket medical/dental expenses per receipt

Description of Expense	Date of Service	Amount

STEP III: Additional Information and Acknowledgement

Please review the following statements. If you agree to the terms listed, sign and date below.

- The items shown on my receipts/invoice are incurred by me during the current academic year.
- I have not been reimbursed nor will I seek reimbursement of the expenses listed above from any other sources.
- I understand that if I attach a medical or dental treatment plan, that I must submit the actual receipt when services are provided.
- I understand that I may be offered loan funds only to cover these expenses.
- I understand that I may need to wait up to four weeks to receive a response for this request.

Student Signature

Date

STEP IV: Attach Documentation

Receipts must include description of expense, date of service and amount. Submit documentation along with this completed form.