

Office of Financial Aid
& Scholarships

**Family Contribution Appeal
Itemized Out-of-Pocket Medical Expenses**

Student's Name: _____ Perm Number: _____

Instructions:

- Review the Family Contribution Appeal Guide located on the [Appeals](#) section of our website.
- Initiate and submit the appeal on our document [website](#).
- Label each billing statement and payment receipt for each bill in chronological order and by person.
- Upload this form as supporting documentation along with the most recent signed tax return. Include Schedule A, if applicable.

	Company Name	Patient Name	Date of Occurrence	Billing Statement Amount Owed	Attachment Number	Out-of-Pocket Amount Paid	Attachment Number
Example:	UCSB Student Health	Jane Doe	01/01/2018	\$1,000	1	\$1,000	2
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
Total:					Total:		

Additional Comments: