



## Professional Judgement Medical Expense Form 2017-2018

**Name:** \_\_\_\_\_  
Student's Name (Last, First, M.I.)

**ID:** \_\_\_\_\_  
Student Identification Number (SID)

**Instructions:**

Complete the following worksheet and provide documentation of medical expenses you paid or expect to pay in 2017 such as, billing statements documenting payments or receipts or account summaries from your health care providers. We encourage you to contact our office for additional instruction in completing this form or with any questions you may have about your personal circumstances.

For dependent students, report medical expenses paid by the parent (s) whose income is reported on the FAFSA. For independent students, report medical expenses paid by you and/or your spouse.

**Medical Expenses Paid in 2017:**

Date Service Was Received	Name of Medical Provider (doctor, dentist, optometrist, hospital, pharmacy, health insurance premiums, etc.)	Total Cost of Service Received (if known)	Amount Not Covered by Insurance	Amount Paid/ To Be Paid in 2017	Date You Paid	Supporting Documents Attached? Y / N
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
<b>TOTAL this page:</b>						

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent signature *(required only if student is dependent)*  
**Or** Signature of Student's Spouse

\_\_\_\_\_  
Date

Please submit your form by mail, fax or in person to the Office of Financial Aid  
2404 North Grand Ave. • Tyler, Texas 75702 • fax 903-593-9607 • [www.texascollege.edu](http://www.texascollege.edu)