

**MEDICAL/DENTAL/VISION
EXPENSE SHEET**

2020-2021

STUDENT'S NAME: _____
OXY ID: _____
(NEW STUDENTS LEAVE BLANK)

Occidental College
Financial Aid Office
1600 Campus Road F-35
Los Angeles, CA 90041

Phone: 323-259-2548
Fax: 323-341-4961
finaid@oxy.edu
www.oxy.edu/financial-aid

If your family has high medical/dental/vision expenses that **exceed 5% of the parent(s)' Adjusted Gross Income (AGI)**, please upload this form (with documentation) to IDOC so we may review these costs when determining financial aid eligibility. Medical costs listed below can only be the result of out-of-pocket expenses that the family paid in the 2019 calendar year. Expenses covered under any health insurance program or other entity (including medical spending accounts) **cannot** be considered.

Please provide documentation for payments made in the 2019 calendar year, such as receipts, bank or credit card statements, account summaries, etc. Documentation **must show the amount paid, date of payment, and description of services** for the medical expense. Please highlight all payments on corresponding documentation. If you **itemized your medical expenses** on Schedule A of your 2019 federal tax return, you may submit your **2019 Schedule A** in lieu of other documentation. If submitting your 2019 Schedule A, please use this sheet to list your itemized medical expenses by the type of expense (doctor's visit, prescriptions, dental, vision, etc.).

All items listed must have supporting documentation. Items that are listed without documentation will not be considered. Items submitted are subject to approval by the Financial Aid Office. Additional information may be requested. If you **need additional space**, please make a copy of this form and number each page that you submit.

MEDICAL/DENTAL/VISION PAYMENTS (2019 calendar year)

Please list the type of expense (doctor's visit, prescriptions, dental, vision, etc.), the doctor/company (e.g. CVS Pharmacy, Dr. Green DDS), the total paid to that doctor/company in 2019, and the type of documentation you are providing to substantiate that cost (e.g. receipts, bank statements, Schedule A).

Type of Expense: _____	Doctor/Company: _____
Amount Paid in 2019 \$ _____	Documentation Provided: _____
Type of Expense: _____	Doctor/Company: _____
Amount Paid in 2019 \$ _____	Documentation Provided: _____
Type of Expense: _____	Doctor/Company: _____
Amount Paid in 2019 \$ _____	Documentation Provided: _____
Type of Expense: _____	Doctor/Company: _____
Amount Paid in 2019 \$ _____	Documentation Provided: _____
Type of Expense: _____	Doctor/Company: _____
Amount Paid in 2019 \$ _____	Documentation Provided: _____
Type of Expense: _____	Doctor/Company: _____
Amount Paid in 2019 \$ _____	Documentation Provided: _____
Type of Expense: _____	Doctor/Company: _____
Amount Paid in 2019 \$ _____	Documentation Provided: _____

Page # _____

CERTIFICATION

I certify that all information reported on this form and any attachments and subsequent information provided to the Occidental College Financial Aid Office is true, complete, and accurate to the best of my knowledge. I understand that false statements or misrepresentations will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

Parent Signature (no electronic signatures)

Print Name

Date