



# MEDICAL EXPENSE FORM 2008- 2009

NORTHEASTERN STATE UNIVERSITY  
STUDENT FINANCIAL SERVICES  
715 NORTH GRAND  
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(Use dark blue or black ink to fill out form)

Student Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
(PLEASE PRINT)

List below the medical expenses you paid during the 2007 calendar year, which were not covered by insurance. Insurance premiums paid may also be included. **If you are a dependent student, you must provide information about medical expenses paid by your parents. Please attach copies of receipts or copies of cancelled checks, documenting that medical expenses have been paid.**

	<u>STUDENTS</u>	<u>PARENTS</u>
1. Medical expenses <u>paid</u> in 2007.	\$ _____	\$ _____
2. Dental expenses <u>paid</u> in 2007.	\$ _____	\$ _____
3. Optical expenses <u>paid</u> in 2007.	\$ _____	\$ _____
4. Medical Insurance Premiums <u>paid</u> in 2007.	\$ _____	\$ _____
TOTAL EXPENSES	\$ _____	\$ _____

\_\_\_\_\_  
Student's Signature Date

\_\_\_\_\_  
Spouse's Signature Date

**DEPENDENT STUDENTS MUST PROVIDE PARENT(S) SIGNATURE**

\_\_\_\_\_  
Father's (Stepfather's) Signature Date

\_\_\_\_\_  
Mother's (Stepmother's) Signature Date