

The John Marshall Law School
Office of Financial Aid
315 South Plymouth Court
Chicago, Illinois 60604
Phone: 312.427.2737 Fax: 312.360.2662

Spring 2017 Budget Adjustment Request – Medical & Dental Payments

The purpose of this document is to be used solely for increasing a student’s Cost of Attendance (COA). An offer of additional aid is not guaranteed. All students must have health insurance and can show proof of insurance if additional documentation is required. Adjustments for expenses may be submitted to cover certain costs associated with medical, dental and eye exams or emergency procedures after your insurance company has made its adjustments and you have made your required payment to your healthcare provider. Each adjustment is reviewed on a case-by-case basis. Budget Increase requests will be processed within 2 weeks of the Office of Financial Aid receiving your completed form and documentation; you will receive a revised award letter email notification. **JMLS has a “NO” cash policy for budget adjustments.** We must be able to substantiate your expenses. Purchases should be made using a form of payment that is in your name (i.e. credit or debit card or personal check)

Student Name: _____ JMLS ID: _____
(Please Print)

Receipts must be obtained from the physician or pharmacy and submitted with the petition. *Estimates will not be accepted. Only expenses incurred and paid during the enrollment period will be considered.*

Medical and Dental Budget Increased requirements:

- Completed form with;
- Medical or dental bills that were incurred and paid between 01/23/17 – 05/19/17
- Medical or dental bill payments that exceed \$950
- Copies of corresponding numbered itemized receipts
- All receipts must list students name, proof of payment, and show the amount paid by the insurance company
- Prescription receipt must list the students name and show proof of payment from the pharmacy (i.e. itemized receipt listing Rx and for each items paid amount)
- If itemized receipts are not available, other forms of proof of payment include: a letter from the physician’s office on official letterhead stating how much the student was charged, amount paid by the insurance company, the amount paid by the student, and the date of the procedure.

Complete this form and include copies of corresponding receipts. Documents submitted should show the medical or dental bills that were paid over the enrollment period. The copy of each receipt submitted should be numbered. On a page two of this form, the receipt amount can be listed next to the corresponding receipt number. Add up all of the receipt amounts listed on the page and subtract the \$950 already built into the financial aid budget for medical and dental. This amount is the potential budget increase.

If you applied for the maximum on your Grad PLUS application, you will not need to complete another Grad Plus application or MPN. The revised award letter will reflect the new loan amount.

If you previously applied for a specific amount of your Grad PLUS application, private loan application or if you used an endorser on the loan, you will need to complete a new Grad PLUS loan application and MPN or private loan application. We will process your request within two weeks of receiving notification of your approved loan. The revised award letter via eCommons will reflect your new Cost of Attendance (BUDGET). You may use the BUDGET amount then subtract the aid on your award letter, including scholarships. This is the additional amount you are eligible to borrow.

Budget Increase Requests require 60 days of proof of payment documentation to be turned in all at once by May 5, 2017. An approved loan must be available for FAO to process no later than May 12, 2017 at 5PM. Deadlines are final!

-Turn Over -

Student Name: _____ JMLS ID: _____
(Please Print)

Please include a brief description of the medical/dental expenses below (attach additional sheet as necessary)

Receipt Information (attach additional sheet as necessary)

Receipt # _____	Amount \$ _____
Receipt # _____	Amount \$ _____
Receipt # _____	Amount \$ _____
Receipt # _____	Amount \$ _____
Receipt # _____	Amount \$ _____
Receipt # _____	Amount \$ _____

By signing and submitting this form, I acknowledge that I have read and understand it. All questions have been answered carefully and completely.

I certify that, to the best of my knowledge, the information provided on this is true and correct. I understand that any misrepresentation by omission or falsification of information on any part of this form may jeopardize an assistance I may be receiving from The John Marshall Law School. I fully understand that The John Marshall Law School has the right to cancel all financial aid if data irregularities exist. I authorize The John Marshall Law School to obtain information about child care subsidies that I may receive. I understand that I may be required to provide additional documentation. I authorize the Office of Financial Aid at The John Marshall Law School to discuss the information on this form with my child care provider.

Student Signature

Today's Date

<i>Office use only</i>	
Approved: _____	Denied: _____
Date: _____	