Bennington College Health and Psychological Services Appeal Form

Before completing this form, call your insuarnce carrier to ask about and confirmed coverage. Appeal not reviewed until you confirm your converage by calling your carrier. Phone numbers are located on the back of your ID card. Check here once you have been in contact with carrier:

Complete this form if you are requesting a reduction of medical charges or insurance premiums. Explaining why you are in need of reduction. Please be advised that submitting an appeal does not guarantee an adjustment to your medical charges or insurance cost and responsibility.

I. Student Information II	D#	Date:			
Name:	ne: Phone:				
II. Appeal Information □	check if international s	student; home country	y:		
Indicate the type of financial	consideration you are	in need of (mark all a	pplicable):	
☐ Review of curren	t billing statement and	past charges			
□ Consideration for	future care with Psych	Services			
☐ Consideration for	future care with Medic	cal Services			
	r financial support of he	ealth insurance premi	um		
☐ Other considerati	ons				
Current insurance carrier:			(□ check if Medicai		
Coverage notes:				based policy)	
What financial considerati	on are you requesting	·			
Adjustment to bill - requested reduction amount: \$					
Adjustment to copay - what amount can you pay per session: \$				or	
Adjustment to insurance premium - what amount can you contribute:					
Reduced session fee - what a					
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for office use: FASFA	1BMM5				
Populi Tern					

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III. Appeal Explanation			
Cause for review for medical of death, divorce, unemployment, excessive medical costs, or a complex provide a detailed state or describe any special condition from explaining your specific respectively.	retirement, disability, lehange in the number of ment below regarding to ions. Be very specific	ayoff, change in child or sport f family members in the house the significant changes in you about the amount you are	ousal support, increased or sehold since you enrolled. ur financial circumstances
Mail, fax or email this comyou if further documentation			
We are requesting a conside certify that the information of			
Student Signature	Date	Parent Signature	
C		_	1.1 Nr
Parent Name:		Cust	odial or Non-custodial
Parent Phone:	1	Email:	