

Reason for applying for Medical Emergency Funding: (Explain as thoroughly as possible your financial situation and attach supporting documentation.)

Amount of funding being requested: \$ _____

ATTACHMENTS: The following documentation should be attached to your grant application to support your claim:

- A letter from your physician attesting to the medical necessity of your treatment
- All itemized bills related to your medical care
- Evidence of payments made either by you, your insurance company or other parties
- Copy of a health insurance Summary of Benefits
- Copy of an Explanation of Benefits (EOB) from your insurance company denying coverage, or indicating what was not paid and why
- Documentation of any insurance appeals
- Documentation of other financial resources pursued to resolve medical expenses
- Fully-executed medical release forms

CONFIDENTIALITY STATEMENT

All information submitted to the University to process the grant application shall be treated as confidential under applicable federal, state, and local laws. Such information shall be used only for the purposes of processing the grant application.

By signing below I acknowledge that the information that I have provided on this document is complete and accurate. By submitting this form, I understand that emergency funding is not guaranteed and that I may be financially responsible for the full costs of all medical services I receive. I further understand that I will be notified that my application is either approved or denied. I will reimburse New York University for the total cost of any funding granted to me if funding is provided to me from other sources (i.e., insurance, indigent care, Medicare, Medicaid, etc.). I certify that any funding granted to me shall be used for the sole purpose designated in my application.

Signed

Date

STAFF USE: AMOUNT APPROVED: \$ _____ APPROVED BY: _____