UNDERGRADUATE STUDENT MEDICAL ASSISTANCE FUND APPLICATION

ELIGIBILITY:

All undergraduate students in good standing with the University of Alabama at Birmingham are eligible for the Undergraduate Student Medical Assistance Grant (USEMAG). Grant funds are facilitated and managed by the Undergraduate Student Government Association. Application review and approval is managed by Student Health and Wellbeing. Verification must be submitted identifying specific medical needs (in the form of an official bill). If you have questions regarding your particular situation, contact the office of the Assistant Vice President of Student Health and Wellbeing at (205) 934-8465 (LRC Suite 385, 1714 9th Avenue South, Birmingham, AL 35294.)

SUBMISSION INSTRUCTIONS:

Submit completed application via the UAB Student Health Services Patient Portal (https://studentwellness.uab.edu/login_directory.aspx) Ensure you sign the included waiver allowing the Office of the AVP to review any medical records with outside organizations.

Documentation Needed

1. Applicant completes pages 2-5
2. Enclose the following items related to the request:
   • all medical bills
   • receipts for payments made
   • a copy of insurance card (front and back)
   • Insurance Explanation of Benefits (EOBs)
3. Submit completed application with scanned versions of the above supporting documentation as an attachment via the Medical Assistance Fund Application Inbox in the SHS Patient Portal.

SUBMIT COMPLETE APPLICATIONS ONLY

Helpful Information:

Funds will be allocated using the following financial model AFTER insurance coverage:

• Students with $1000 or more with medical expenses will receive $500 in grant funding
• Students with $500-$1000 with medical expenses will receive $250 in grant funding
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CONFIDENTIAL - This form is for OFFICE USE AND STATISTICAL REPORTING ONLY and may not be disclosed except with specific written consent of the applicant. Confidential information will only be disclosed without written consent if the disclosure of information is necessary to mitigate a risk of danger to the applicant or others or in order to comply with university policy or applicable law. I understand that a copy of my application will be retained for Undergraduate Student Medical Assistance Fund records.

APPLICANT INFORMATION
Name: ________________________________________ Phone #: __________________________
UAB email: ___________________________ Alternate Phone #: __________________________
Address: ______________________________________________________________________
____________________________________________________________________
____________________________________________________________________
Date of Birth: ______/_____/______ Sex: Male   Female
School: ______________ Undergraduate Program: _____________________
Year/Title: __________
Expected Graduation Date: ____/____/____

Persons to contact in the event of an emergency:
Name: ___________________________ Phone #: __________________________
Name: ___________________________ Phone #: __________________________
UNDERGRADUATE STUDENT MEDICAL ASSISTANCE FUND APPLICATION

AUTHORIZATION OF RELEASE OF HEALTH INFORMATION

I, ____________________________________________________, hereby authorize ____________________________________________________ to release the following health information:

☐ Medical Bills

☐ Other

If you marked other, please specify:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

To: UAB Student Health and Wellbeing for the purpose of processing this Medical Assistance Fund Application, effective during the duration of this application processing.

Signature ___________________________________________________

Name (Please Print) __________________________________________

Date _______________________________________________________
UNDERGRADUATE STUDENT MEDICAL ASSISTANCE FUND APPLICATION

MEDICAL SITUATION DESCRIPTION

Please provide a brief description of your medical situation and its associated cost. Please include copies of any bills related to this situation. You can attach a typed copy of your explanation if preferred.

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UNDERGRADUATE STUDENT MEDICAL ASSISTANCE FUND APPLICATION

I HEREBY CERTIFY THAT THE ABOVE INFORMATION AND ALL INFORMATION PRESENTED REGARDING MY REQUEST FOR ASSISTANCE IS CORRECT. I UNDERSTAND THAT ANY DELIBERATE MISREPRESENTATION OR WITHHOLDING OF FACTS WILL BE CONSIDERED FRAUDULENT AND WILL BE GROUNDS FOR DISQUALIFICATION.

Initial_______

I UNDERSTAND THAT THE UNDERGRADUATE STUDENT MEDICAL ASSISTANCE FUND WILL ACCEPT ONLY ONE APPLICATION PER STUDENT PER 12 MONTH PERIOD. ACCORDINGLY, STUDENTS WITH CHRONIC NEEDS MUST REAPPLY ON AN ANNUAL BASIS.

Initial_______

I UNDERSTAND THAT THE UNDERGRADUATE STUDENT MEDICAL ASSISTANCE FUND MAY TAKE UP TO 10 BUSINESS DAYS TO PROCESS AN APPLICATION. IF THE PROCESS SHOULD REQUIRE ADDITIONAL TIME, YOU WILL BE CONTACTED WITH A STATUS UPDATE.

Initial_______

I UNDERSTAND THAT ANY ASSISTANCE AWARDED TO ME BY THE UNDERGRADUATE STUDENT MEDICAL ASSISTANCE FUND IS CONSIDERED TAXABLE INCOME BY THE IRS AND WILL BE REPORTED TO THE IRS AS SUCH.

Initial_______

I UNDERSTAND THAT THE UNDERGRADUATE STUDENT MEDICAL ASSISTANCE FUND MAY DENY ASSISTANCE TO ANY APPLICANT, WITHOUT EXPLANATION. FURTHERMORE, ALL DECISIONS ARE FINAL AND NO APPEALS WILL BE REVIEWED.

Initial_______

I UNDERSTAND THAT THE UNDERGRADUATE STUDENT MEDICAL ASSISTANCE FUND DETERMINES AWARD AMOUNTS.

Initial_______

_________________________________   _______________________
Applicant Signature     Date
UNDERGRADUATE STUDENT MEDICAL ASSISTANCE FUND APPLICATION
CASE MANAGER/STUDENT OUTREACH RECOMMENDATION FORM

FOR STUDENT OUTREACH USE ONLY

Full Name of Student: ___________________________________________________________

Case Manager/Student Outreach Information:
Name: _______________________________________________
Title: ________________________________________________
E-mail: ______________________________________________
Phone: _______________________________________________

Is the student currently in good standing with the University of Alabama at Birmingham?
Yes                  No

Do the student’s records indicate the potential for graduation?
Yes      No

Comments:
______________________________________________________________________________
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_____________________________________    ______________
Case Manager/Student Outreach                 Date