



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 #: _____



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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 _____



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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:

Case Manager/Student Outreach

Date