

Bennington College

Health and Psychological Services Appeal Form

Before completing this form, call your insurance carrier to ask about and confirmed coverage. Appeal not reviewed until you confirm your coverage 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 ID# _____ Date: _____

Name: _____ Phone: _____

II. Appeal Information check if international student; home country: _____

Indicate the type of financial consideration you are in need of (mark all applicable):

- Review of current billing statement and past charges
- Consideration for future care with Psych Services
- Consideration for future care with Medical Services
- Consideration for financial support of health insurance premium
- Other considerations

Current insurance carrier: _____ (check if Medicaid
Coverage notes: _____ based policy)

What financial consideration are you requesting:

Adjustment to bill - requested reduction amount: \$ _____ or

Adjustment to copay - what amount can you pay per session: \$ _____ or

Adjustment to insurance premium - what amount can you contribute: _____ or

Reduced session fee - what amount per session do you feel you can afford: \$ _____

for office use: FASFA _____ BMMS _____ Campus Hours Per Week _____
Populi _____ Term _____ Student Status _____
