

NEED TO KNOW (cont'd)

Sally Augustine
542 Cedric Lane
St. Louis, MO 05661

No. 831

Date: 7-2-97

Pay To The
Order Of Physical Therapy Practitioner

\$ 150.00

One Hundred Fifty and Zero Cents only

Dollars



Blue Skies National Bank
St. Louis, MO 05661

FOR Rob's Physical Therapy

Sally Augustine
542 Cedric Lane
St. Louis, MO 05661

No. 837

Date: 7-9-97

Pay To The
Order Of Physical Therapy Practitioner

\$ 150.00

One Hundred Fifty and Zero Cents only

Dollars



Blue Skies National Bank
St. Louis, MO 05661

FOR Rob's Physical Therapy

Sally Augustine
542 Cedric Lane
St. Louis, MO 05661

No. 849

Date: 7-16-97

Pay To The
Order Of Physical Therapy Practitioner

\$ 150.00

One Hundred Fifty and Zero Cents only

Dollars



Blue Skies National Bank
St. Louis, MO 05661

FOR Rob's Physical Therapy

WEGOTCHA

New York, New York 20019-0015 • 212-081-0001 • (fax) 212-081-0002

July 26, 1997

Dear Ms. Augustine:

We are not able to process your claim. Your health care policy does not cover physical therapy treatment. You may purchase additional coverage that includes physical therapy treatment for an additional fee.

If you have any questions about your health benefits or if you would like to purchase additional coverage, please call our customer service department between 8:00 a.m. and 4:30 p.m. Eastern Time.

Sincerely,

Lola Tune
Claims Adjuster

COA AND/OR EFC ADJUSTMENT

Name: Sally Augustine__

Date: 08/24/97_____

SSN: 000-00-0000_____

Counselor: F. A. Archer

At the time the application was completed, Sally reported sizable assets. Two months prior to the school's start date, Sally's son was involved in an automobile accident that left him seriously injured, requiring physical therapy. Sally has presented canceled checks to show unreimbursed payment to the physical therapist (copies attached) and a letter from her insurance company stating that her son's physical therapy is not covered under her health insurance plan.

An adjustment is being made to her cash, savings, and checking data element to reflect the high medical expenses for Sally's injured son. The required physical therapy costs \$150 per week for 30 weeks for a total of \$4,500. This reduces her initial cash, savings, and checking figure of \$5,000 to \$500.

Her EFC was recalculated by the CPS and documented in her file.

ADJUSTED PACKAGING WORKSHEET

Name: Sally Augustine____

Date: 08/24/97_____

SSN: 000-00-0000 _____

Counselor: F. A. Archer

	Initial	Adjusted
Cost of Attendance (Campus-Based/FFEL)	\$6,747	\$6,747
- Expected Family Contribution	2890	0
= Need	\$3,857	\$6,747
- Federal Pell Grant (from Payment Schedule)	\$0	\$2,700
= Remaining Need	\$3,857	\$4,047
- Other Aid State Grant - \$1,000 Scholarship - \$1,000	\$2,000	\$2,000
= Remaining Need	\$1,857	\$2,047
- FSEOG	\$0	\$1,000
= Remaining Need (subsidized Federal Stafford Eligibility)	\$1,857	\$1,047