REQUEST FOR ITEMIZED BILLING STATEMENT

Your itemized billing statement will be mailed to you within one week of this request.

Please complete this form in its entirety. Your itemized billing statement cannot be generated until 72 hours after your last date of service. If you do not know your date of service, please see an Insurance Advisor in the Student Health lobby.

Name	UCSB Permanent Identification No.
Name	
Local Telephone Number	Email address
Dates of Service: Fromperiod of time this summary will cover)	onth/ day/ year Month/ day/ year
specifically want my itemized bill	g statement to include: (Please check each box that applies)
☐ Medical Information	☐ Mental Health Information
☐ Women's Health Informati	n
Date Pat	ent's Signature
or mail to: Stude	tr provided at the Information Desk in Student Health, t Health Service-M/C 7002 Insurance Advisor niversity of California nta Barbara, CA 93106

IMPORTANT NOTICE: If this will be mailed to anyone other than yourself or an insurance agency, you must sign an Authorization for Release of Medical Information. This form is available at the Information Desk or on the Student Health Service website. If you do not provide one, this summary will be sent to your local address. See an Insurance Advisor for additional information.

Or fax to: 805-893-5340

Please print name and address to send your records to: