



**Itemized Statement Request Form**  
(Itemized statements take 3-5 business days to process.)

**INSTRUCTIONS: COMPLETE FORM AND FAX TO (408) 924-7786**  
**Processing will be delayed if all sections are not completed.**

Name: \_\_\_\_\_

SJSU ID: \_\_\_\_\_

Contact Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date(s) of Service: \_\_\_\_\_

Pertaining To: \_\_\_\_\_

Choose One:  PICK UP FORMS (photo I.D. required for pickup)  
 MAIL FORMS

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Comments: \_\_\_\_\_

Date Mailed/Picked up: \_\_\_\_\_ SHC Initials: \_\_\_\_\_