

**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 \_\_\_\_\_

Last,

First

M

Perm/Non-Student Id # \_\_\_\_\_ Local Phone # \_\_\_\_\_

Email address \_\_\_\_\_

Dates of Service: From \_\_\_\_\_ to \_\_\_\_\_  
(period of time this summary will cover) Month/ day/ year Month/ day/ year

I specifically want my itemized billing statement to include: (Please check each box that applies)

Medical Information

Mental Health Information

Women's Health Information

Men's Health Information

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

Please drop off form in the container provided at the Information Desk in Student Health, or mail to:

Student Health Service-M/C 7002  
Insurance Advisor  
University of California  
Santa Barbara, CA 93106-7002  
Or fax to: 805-893-5340

**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.**

**PLEASE PRINT**

**NAME:**

**ADDRESS:**

**CITY, STATE, ZIP:**

