University of California
Santa Barbara

Student Health
Service

ITEMIZED BILLING REQUEST

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 _____ **Perm #** _____
Last, First M

Non- Student SSN _____

Local Telephone Number _____

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-7002
Insurance Advisor
University of California
Santa Barbara, CA 93106-7002

Or fax to: 805-893-5340

If this will be mailed to anyone other than yourself or an insurance agency, a signed release is required. If you have not provided one, this summary will be sent to your local address. See an Insurance Advisor for additional information.

Mailing address: _____

_____

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