NON-STUDENT REQUEST FOR ITEMIZED BILLING STATEMENT

Please note all students can access their billing statements online at: https://studenthealthoc.sa.ucsb.edu/login_directory.aspx
For specific billing questions please contact the Student Health Billing Officer.

It is important to complete this form in its entirety. Your itemized billing statement cannot be generated until 72 hours after your last date of service and will be mailed to the address listed below. If you do not know your date of service, please see an Insurance Advisor.

Name
_______________________________________________________________________
Last                                              First                                                 MI

Perm/Non-Student Id #_________________ Local Phone # _______________________

Email address

Dates of Service: From __________________ to __________________
(period of time this summary will cover) _____________________________________

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: ________________________________________________

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