

Itemized Services Statement Request

UCLA
Arthur Ashe
Student Health
and Wellness
Center

Name

Date of Request:

Student ID #

Date of Birth

Statements I would like to receive (check all that apply):

Itemized Clinical Services Statement, date(s) (separate by comma): _____

Statement of Medication dispensed, date(s) (separate by commas): _____

Check here if CPT codes are **required** (for students with private insurance only)

Please select one of the options below:

Drop in and pick up (at the 1st floor Solutions desk during regular business hours)

Mail statement to the following address (please enter in box below):

Address

City

State

Zip Code

Student Signature

Date

Witness Signature

Date

ASHE STAFF ONLY

Notes