



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: _____