



Dean of Students Office
Off Campus Therapy Reimbursement Form

- Pomona will reimburse up to a maximum of \$50 per attended appointment.
- Pomona will only reimburse for 10 attended sessions per semester.
- Reimbursement requests must be submitted with Original/Itemized Receipt and Proof of Payment (copy of bank statement, credit card statement, Venmo etc. to include your name and date).
- Receipts for reimbursement must be submitted no later than 30 days from date of your therapy session.

Please Print Legibly

Student Name: _____ **Student ID Number:** _____

Email Address: _____

Cell Phone Number: _____

Type of Insurance:

Aetna SHIP Aetna HMO/PPO Blue Cross Blue Shield United Health Care

Cigna Pacificare SCAN HealthNet Kaiser Other: _____

Number of receipts you are being reimbursed for: _____

Reimbursement Type: Co-Pay Co-Insurance/Payment to Doctors Office

Name of Therapist: _____

Total Reimbursement Amount: _____

Student Signature

For Dean of Students Office Use Only

Total Amount Reimbursed: _____ **Date:** _____

DOS Staff Member: _____