



Dean of Students Office
Off Campus Therapy Reimbursement Form

- Pomona will reimburse currently enrolled students 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.
- Receipts for reimbursement must be submitted no later than 30 days from date of your attended therapy appointment.

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: _____

For Dean of Students Office Use Only

Total Amount Reimbursed: _____

Name of DOS Staff Member: _____

Signature of DOS Staff Member _____