

Student Information		
Name (Last, First):	Preferred Name:	
Student 10-Digit ID:	Date of Charge(s) (MM/DD/YY):	Amount Disputed:

Instructions

Please provide your reason supporting your appeal of the charge(s):

Certification

I affirm that the information provided on this form is true and accurate.

Student's Legal Signature Date (MM/DD/YY)

Submittal

The completed form must be sent to the Insurance & Billing Department at Student Health **within 30 days** of the date of the charge(s). It can be hand delivered (ESH, lower level) or faxed to 213-228-5046.

Notification

You will be notified by USC Student Health regarding the decision on your petition. All decisions will be communicated through your USC email account on record within fifteen (15) business days.

For Administrative use only:

Approved Not Approved

Reason:

Approved By (Last, First) Title Date (MM/DD/YY)