# Petition to Appeal Charges

**Student Information**

<table>
<thead>
<tr>
<th>Name (Last, First):</th>
<th>Preferred Name:</th>
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<tr>
<th>Student 10-Digit ID:</th>
<th>Date of Charge(s) (MM/DD/YY):</th>
<th>Amount Disputed:</th>
</tr>
</thead>
</table>

**Instructions**

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

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**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)