



Office of Student  
& Curricular Affairs  
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**C O - P A Y / D E C U C T I B L E R E I M B U R S E M E N T**

<b>Name</b>	
<b>Telephone</b>	
<b>Address</b> In the event reimbursement is paid by check	
<b>E-mail Address</b>	

**Co-Pay reimbursement** (\$75.00 max/year): provide the requested information for each co-pay:

Physician's Name	Date of Charges	Amount
<i>Example: Brown</i>	<i>5-1-2018</i>	<i>\$10.00</i>

**Deductible reimbursement** (\$200 max/year; GSHIP covered students only):

Physician's Name	Date of Charges	Amount
<i>Example: Brown</i>	<i>5-1-2018</i>	<i>\$10.00</i>

For each co-pay or deductible reimbursement, you must also include a photocopy of the proof of payment—typically a receipt or cancelled check or credit card statement. (Statements showing the amount of the co-pay are not sufficient.) Do not send originals—keep them until you have received your reimbursement check. If your proof of payment is a check, please provide a photocopy of both the front and back of the cancelled check. If you are requesting reimbursement toward the GSHIP deductible, you must also include a copy of the Explanation of Benefits statement from the insurance company. Any information related to your condition should be blacked out.

Submit this form and the photocopies by mail or email to **Lucia Piriano**, School of Pharmacy, 513 Parnassus Ave., #S-960, S.F., CA 94143 or at [lucia.piriano@ucsf.edu](mailto:lucia.piriano@ucsf.edu). For questions regarding reimbursement, contact Lucia at 415-502-5373 or by email.