



Dean of Students Office  
Off Campus Therapy Reimbursement Form

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- 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 Doctor's Office

**Name of Therapist:** \_\_\_\_\_

**Total Reimbursement Amount:** \_\_\_\_\_

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**Student Signature**

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**For Dean of Students Office Use Only**

**Total Amount Reimbursed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DOS Staff Member:** \_\_\_\_\_