Medicare Part D Reimbursement Form

Name		Date	
Street Address		City, State & Zip	
Phone Number		Email Address	

Dates of Service	Details	Amount
	Medicare Part D Reimbursement	
	Medicare Part D Reimbursement	
	Medicare Part D Reimbursement	
	Medicare Part D Reimbursement	
	Medicare Part D Reimbursement	
	Medicare Part D Reimbursement	
	Total amount owing	

Signature	Date

Please attach a copy of your Medicare Part D statement or annual letter. Reimbursements will be issued within 10 business days of receipt of the completed reimbursement form and required documents. For questions regarding reimbursement, contact Accounts Payable at (805) 385-2522 or (805) 385-2556.

Please submit reimbursement no less than twice each year.

Submit form and attachment(s) to:

Oxnard Union High School District
Accounts Payable
309 South K Street
Oxnard, California 93030