



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
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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**