UCLA The Counseling Center
Counseling & Psychological Services
A Department of Student Affairs

Billing Inquiry Form

NAME: _____

UNIVERSITY ID # _____

TODAY'S DATE _____

SERVICE DATE(S) YOU ARE INQUIRING ABOUT: _____

Please describe your billing inquiry issue (please denote dates of service above). If you have any supporting documentation that you would like to submit for consideration with this form, please have the CAPS Support Staff make a copy. Thank you.

_____

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_____

SIGNATURE _____

PHONE NUMBER _____

For administrative use only:

Actions

☐ Waived ☐ Not waived ☐ other: _____ Date/preparer: _____

Actions

☐ BAR ☐ PNC ☐ other: _____

Follow up

☐ Called/spoke to client/resolved ☐ called/left message ☐ other: _____