



Medicare Part D Reimbursement Form

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

Expenses	Dates	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 and proof of payment. Reimbursements will be issued within 10 business days of receipt of the completed reimbursement form and required documents. For questions regarding reimbursement, contact Steve Dickinson, Assistant Superintendent Administrative Services at (805) 385-2529 or steve.dickinson@ouhsd.k12.ca.us.

Please submit reimbursement no less than twice each year.

Submit form and attachment(s) to:

Oxnard Union High School District
C/O Sylvia Diaz, Administrative Assistant
309 South K Street
Oxnard, California 93030

If you are billed for Medicare Part D, please pay the amount you are billed for, and then submit for your reimbursement from the District.