

LEA MEDI-CAL REIMBURSEMENT SBSC BATCH SHEET
CLAIM FORM (BUD-F004)
 Sacramento City Unified School District

Assignment Number: _____

Date to SBSC: _____

Claim Type	Date of Service	Amount
<input type="checkbox"/> Nursing Logs		
<input type="checkbox"/> Nursing Rosters		
<input type="checkbox"/> Sp Ed Nursing Logs		
<input type="checkbox"/> Speech and Language Logs		
<input type="checkbox"/> Psych LEA Forms		
<input type="checkbox"/> Transportation		
<input type="checkbox"/> Other _____		

Special Instructions:

Date Returned to SCUSD: _____

HEBS Batch:

Amount of Time:
