

BLUE CROSS / BLUE SHIELD COMMUNITY PHARMACEUTICAL CARE FUNDING REQUESTS FORM

Responsible administrator: Associate Dean for Clinical Affairs and Outreach

Last updated/reviewed: 5/27/25

Funding from the BCBS Community Pharmaceutical Care Fund will be considered for purposes such as:

- Transportation for students and faculty to reach underserved citizens
- Purchase of medication for those without the means to purchase essential medical items
- Medical supplies needed for health and wellness activities
- Food in cases where the lack of proper nutrition is part of a program for improving overall well being

Person or group requesting reimbursement: _____

Faculty member signature: _____

Funding is requested for (describe the activity for which reimbursement from this fund should be considered and how this activity meets the needs of an individual or group deemed to be underserved or in need of assistance):

Amount requested: _____

Expedited review (approval for funding is needed within 30 days): Yes or No

If yes, please provide date approval needed by: _____

Benefit of activity for which funding is being requested (check all that apply):

Support of underserved family or individual: _____

Expanded service learning opportunity: _____

Improved access to care in underserved community: _____

Outreach opportunity: _____

Other: _____

Request approved: _____

Request denied: _____ Reason for denial: _____

Request approved or denied by:

Clinical Services Committee representative

Clinical Services Committee representative

Clinical Services Committee representative

Accounting (required for approved requests only)

**** Submit all receipts for the use of funds and a copy of the approved request to the AUPCC for processing.**