



Michigan State University
Student Health Services

Patient Insurance and Financial Responsibility Information

The university pays for the first three medical office visits of each academic year and three lifetime psychiatry visits for enrolled MSU students, **excluding Lifelong Education, Visiting Scholars, Law students, and spouses of students**. Fifth (internship) year Teacher Certification Program students are eligible for the “three visits”. **There are costs for lab, pharmacy, radiology, physical therapy, medical procedures, injections, and ambulance transport**, as these costs are not included in the medical office visit. Your insurance will be billed for these costs (we do not bill all Medicaid HMOs).

Insurance plans vary widely in the benefits they provide and it is important that you understand your benefits and limits to your benefits. **You are responsible for paying all co-pays, deductibles, rejected claims, and balances after insurance payment**. Please take a few moments to call your insurance company and understand the benefits provided under the terms of your policy. (The phone number is usually on the insurance card.)

Uninsured patients are expected to pay at the time of service. If uninsured, you may wish to talk with our Patient Account representatives about Medicaid or other potential options for health care coverage.

The Patient Account staff can assist you with making arrangements for alternate payment plans if necessary. If an account remains unpaid after 45 days, collection letters will be sent to both your local and permanent addresses and a “hold” will be placed on your account with the university registrar. You will be unable to register for classes or receive transcripts or a diploma if there is a “hold” on your account.

Please note that if you do not keep a scheduled appointment and you do not cancel it at least 24 hours in advance, you may be billed a no-show/late cancellation fee.

I have read and understand the above, and I agree to these terms.

Patient signature / print name

Date

Release of Information and Assignment of Benefits

I authorize MSU Student Health Services to release to Medicare, Medicaid, Blue Shield, or other private insurance carrier information from my patient records as required in order to receive reimbursement for any bills related to my care or treatment, including HIV-related, alcohol, drug abuse or psychiatric records protected under federal or state regulations. I authorize and request assignment of authorized benefits to be paid directly to Michigan State University Student Health Services, and agree to pay any unpaid balances not covered by my insurance policy.

Date

Witness Signature

Patient Signature

A-PID/Student Number

Notice of Privacy Practices

I acknowledge that I have received a copy of the **MSU HealthTeam Notice of Privacy Practices**.

Patient signature / print name

Date