



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, 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.

Insurance plans vary widely in the benefits they provide, and it is important that you understand your benefits and their limits. **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.)

If uninsured, you may wish to talk with our social worker about Medicaid or other potential options for health care coverage.

The Patient Account staff can help you arrange alternate payment plans if necessary. If an account remains unpaid after 45 days, collection letters will be sent to both your address on file 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.

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 and Wellness to release to Medicare, Medicaid, Blue Shield, or other private insurance carrier information from my patient records as required 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 and Wellness and agree to pay any unpaid balances not covered by my insurance policy.

Patient Signature

A-PID/Student Number

Date

Notice of Privacy Practices

I am aware that I can find the **Student Health and Wellness Notice of Privacy Practices** online at olin.msu.edu or I can request a printed copy.

Patient signature

Print name

Date