

# PATIENT FINANCIAL RESPONSIBILITIES

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Name (last, first, middle)

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Dawg Tag Number

Most services are covered for a nominal front door fee for patients who have paid the Student Health Services Fee, although, there are additional charges for some services such as injections, routine dental care, prescriptions, over the counter pharmacy items and other services determined by the SHS.

Appointments related to Motor Vehicle Accident (MVA), Workers Compensation (WC) injuries/conditions and eligible patients who have not paid the Student Health Services Fee are charged the usual and customary fees. These charges may be submitted to the insurance provider on your behalf if the appropriate billing information has been provided. \*

Payment is due at the time of service. Cash, check, Discover, Visa, MasterCard, American Express, and Debit Dawg are accepted. Unpaid charges will be billed to the individual or placed on the patient's bursar account.

## **Appointment Cancellation Policy:**

- Appointments must be cancelled at least two hours prior to the appointment time.
- Appointments not cancelled accordingly and late arrivals will be assessed a \$15 fee.

## **\*Consent to Bill Insurance:**

- I give permission for SIU Student Health Services to bill my insurance company for covered services and to exchange information necessary to secure payment for these services. Such necessary information may include my diagnosis, service dates, types of services and other information related to services necessary to process claims.
- I authorize payment of medical benefits to SIU Student Health Services.
- I understand that I am responsible for any balance that my insurance company does not authorize for payment.

## **Acknowledgement of Financial Responsibility:**

I acknowledge I have read and fully understand my financial responsibilities and have had all my questions answered. I do hereby expressly guarantee payment in full of any and all charges incurred for services rendered or to be rendered to me. Further, I agree to pay all attorney fees and court costs incurred by SHS in the collection of amounts for which I am responsible. I understand that a copy of this agreement is available upon request.

For questions or additional information, please contact the Student Health Services at 618/453-3311.

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Patient/Responsible Party Signature

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Date

## **CONTACT INFO**

Student Health Services  
374 East Grand Avenue  
Mail Code 4715  
Carbondale, IL 62901

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fax: 618/453-4449  
website: shc.siu.edu