



Account # _____

Date of Birth ____/____/____

University Health Services

Patient Billing Authorization

I understand all medical services provided by University Health Services (UHS) may be associated with a fee and that it is my responsibility to know what coverage I have under my individual health insurance plan. I hereby authorize UHS to:

1. File a claim with my health insurance carrier for the purpose of payment for medical services I have received by a UHS provider.
2. I understand I have a right to revoke this authorization at any time and that it is not retroactive to services received prior to the date of revocation. I understand that if I revoke this authorization, I must do so in writing by completing a new Billing Authorization Form. I further understand that if I choose to revoke this authorization, I will be fully responsible for all charges associated with medical services received from UHS from the date of revocation forward.

_____ I have read and agree to allow UHS to file claims with my insurance carrier.

_____ I hereby revoke my authorization to allow UHS to file claims with my insurance carrier.

(Signature)

(Printed Name)

(Date)

UHS is not a contracted provider for all health insurances, however, we will still file your claim with the exception of foreign insurance carriers and Medicare/Medicaid products. With regard to Medicaid and Medicare, UHS is not authorized to submit claims for services. Please see our website (uhs.fsu.edu) for a current list of contracted health insurance relationships.

Specialists such as Quest Diagnostics, Wellness Sport and Spine and Morgan Dental lease space in our facility as a convenience to our patients, but, are not otherwise affiliated with UHS. They will bill your insurance for their services independently.

It is the policy of UHS to place any unpaid balance on my account with the Office of Student Business Services which may generate a "hold" being placed on my ability to register for classes, receive transcripts or diploma and that I may be assessed service fees on balances not paid by the due date assigned by the Office of Student Business Services.

UHS can assist with general insurance questions (850-644-1640). Specific questions should be directed to your health insurance carrier.

_____ I have read and understand the above.

(Signature)

(Printed Name)

(Date)