

# UNIVERSITY HEALTH SERVICES Orientation 2022





# Healthcare Transition:

#### Dependent to Independent

- Accessing the System
  - When to schedule an appointment
  - How to schedule an appointment
    - Getting there on time
    - Referrals
  - Patient-provider communication
    - Pertinent medical history
    - Allergies
- Insurance
  - Deductibles, co-pays
  - Insurance cards
    - Medical, pharmacy
- Pharmacy and Laboratory Services
  - Where to go
  - Additional Co-pays
- Following Treatment Regimen
  - Taking Medications as prescribed
  - Adhering to rest/activity restrictions, etc.





### Disclosure of Personal Health Information

- MUST have <u>disclosure form</u> signed by student
  - Exceptions:
    - Minors under the age of 18
    - Life-threatening emergencies
    - Student may rescind/modify disclosure form at any time
- Student may rescind/modify disclosure form at any time
- Maintain open channel of communication with your student

					University
UNIVERSITY HEATTH SERV	1CTER			<b>T</b> -11-1	960 Learning Way
HEALTH & WILLNESS CENTER	ICES			Tallar	nassee, FL 32306-4178 (850) 644-3608
					Fax: (850) 644-8958
		Patient Disc	losure Author	rization	
Student's Name (Printed	)				
	Last	First	MI	FSUSN / empIID	Date of Birth
Emergency Contact Nan	ne		Rel	lationship to Patient	
Address			Ph	ione ()	
Do you want your treatm	ent at Universit	y Health Services (	UHS) discussed v	with this person? Yes	No
				se list all individuals with who	om we may discuss yo
medical condition, test re	sults, and/or tre	eatment plan. This	does not includ	e Psychiatry.	
	YO	U MAY DISCUSS	MY TREATMENT	AT UHS WITH:	
		ediate family mem	hers such as mot	ther, father, spouse, and child	dren. The Health Cent
Note: Accepted relations	hip include imm	reulate fairing mem	borb 50011 05, 11100		

1	Relationship	
2	Relationship	
3	Pelationship	



### **Consent to Treat for Minors**

If the student is under 18, a parent/guardian must sign the "Authorization For Care of Students Under Age 18" statement on the <u>FSU Immunization Form</u>

rt A - Print or type. Illegible form will not be processed SST NAME:	PRIMARY PHONE#       es:       AGE OF 18: 1 authorize health center personnel to provide molical and i. the event of verious disease or injury, 1 understand that all reasonable messensy to preserve life or health.       Date:       R     Dose 2       /R
PLD         EMAIL           Please list any relevant personal and family medical history:	PRIMARY PHONE#       es:       AGE OF 18: 1 authorize health center personnel to provide molical and i. the event of verious disease or injury, 1 understand that all reasonable messensy to preserve life or health.       Date:       R     Dose 2       /R
Please list any relevant personal and family medical history: Do you have any allergies (including Medications): No Yes Please list if 3 REQUIRED AUTHORIZATIONS FOR CARE FOR STUDENTS UNDER THE surgical care including examinations, treatment, immunizations and the like for my sonchunghte febros will be made to context me but failure to context will not prevent emergency treatment if Signature: Measles, Mumpa, Rabella (Required) 2 does of vaccine OR a blood test showing immunity <sup>1</sup> Hepatitis B (Required or Complete Section 6) 3 does of vaccine OR a blood test showing immunity <sup>1</sup> Monomume, MCV4, Menvoe, and ACVW-135) <sup>1</sup> Monomume, MCV4, Menvoe, and ACVW-135) <sup>1</sup> Waiver informations: Thave rescived the required information regarding the risk. I also understand that I am <sup>1</sup> Sending to require the required information regarding the risk. I also understand that I am	es: AGE OF 18: 1 authorize health center personnel to provide medical and i. the event of verious disease or injury, 1 understand that all reasonable messary to preserve life or health. Date: 
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Complete Section 6)         Does 1         ///           1 does since age 16, (such as Menactra, Mencevax, Menomune, MCV4, Menveo, and ACYW-135)         Does 1         ///           *Waiver information: 1 have received the required information regarding the risk benefits of receiving immunizations to reduce those risks. I also understand that 1 am	/ Dose 2 / / Dose 2 / / MM / DD / YR Dose 3 / / MM / DD / YR
benefits of receiving immunizations to reduce those risks. I also understand that I am	
Immunizations by checking the boxes and signing below. I understand that I may dec cines now does not mean I may not receive them in the future. Meningitis Waiver Hepatitis B Waiver Patient Signa	required to receive these immunizations or to actively decline the line either or both immunizations and that declining these vac-
Meningitis B (Optional) Please circle type of vaccine (Bexsero or Trum	enba)
Meningitis B // / Meningitis B // Dose 1 MM/DD/YR Dose 2 MM/DD	/ Meningitis B / / / YR Dose 3 MM/ DD / YR
Tetanus-Diphtheria and Pertussis (Tdap) (Optional) (Required for NCAA Athle Incoming students should have one Tdap booster at 11 years of age or older.	Tdap ////////////////////////////////////
Tetanus-Diphtheria (Td) (Optional)	Td /////////YR
This section to be completed by your healthcare provider	
Authorization and additional comments: The immunizations dates and any statement of contraindications to immunizations e signature below. Additional comments:	ntered on this document are, as of the date signed, verified by my
Clinician OR Records Custodian Name	
Clinician OR Records Custodian Signature DATE	OFFICE STAMP
Once Completed: You may submit this form to the Health Compliance Office in one of the Email: healthcompliance@fstu.edu Plesse be aware that email sent over the Internet is confidentially resulting from this form of communication. Fax: 850-644-8958 Mill: 960 Learning Way, Talihansee, FL 32306-4178 FSU Dropbur: <u>Introvictionolos function</u> person: You may also dor op off your forms in person to the Health Compliance offi person: You may also dor op off your forms in person to the Health Compliance offi	

# **Services Offered**



### **Hours of Operation**

- Monday through Friday
- Appointments available 8:00AM 4:00PM
  - Appointment-based system
  - Call or walk in to schedule an appointment.
  - Staffing available until 5:00PM





# TELEHEALTH **NOW AVAILABLE** Call 850.644.4567



### **After-hours System of Care**

uhs.fsu.edu/health-care/after-hours-care



Talk to a doctor or therapist by phone or video with <u>HealthiestYou</u>.

HealthiestYou provides 24/7 access to doctors and mental healthcare.

Download the App – <u>iOS</u> – <u>Google Play</u>

Call (855) 870-5858

Other After-Hours Care Options Include

Walk-in Clinics

**Urgent Care** 

**Emergency Room** 

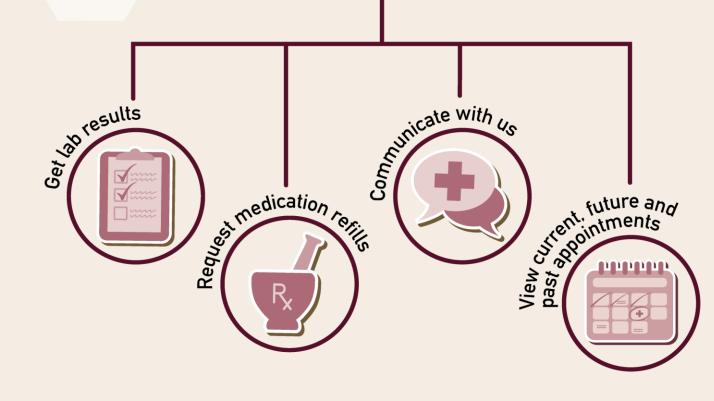
The student is responsible for verifying insurance and networks benefits when presenting to a community provider.













All patients will be web-enabled at the time of their first visit to University Health Services.

#### Florida State University

### **Pharmacy**

- No onsite pharmacy
- CVS located near campus (West Pensacola Street location)
- Several nearby pharmacy options available
- Some pharmacies offer specific free and/or reduced cost medications

#### Alphameds

487 E Tennessee St # 2, Tallahassee, FL 32301 (850) 942-1992

#### CVS

#### 882 West Pensacola St, Tallahassee, FL 32304 (850) 841-1049

1819 West Tennessee Street, Tallahassee, FL 32304 (850) 576-0147 1708 North Monroe Street, Tallahassee, FL 32303 (850) 385-6136 1300 Apalachee Parkway, Tallahassee, FL 32301 (850) 877-5168 3035 Apalachee Parkway Tallahassee, FL 32301 (850) 402-4046

#### Publix

1700 North Monroe St # 852, Tallahassee, FL 32303 (850) 222-1975 101 North Blairstone Road # 101, Tallahassee, FL 32301 (850) 219-6211 800 Ocala Road # 200, Tallahassee, FL 32304 (850) 575-6997

#### Target

2120 Apalachee Parkway Tallahassee, FL 32301 (850) 671-2041

#### Walgreens

2009 W Tennessee Street, Tallahassee, FL 32304 (850) 580-1899 414 South Magnolia Drive Tallahassee, FL 32301 (850) 877-3023

#### Walmart

4400 West Tennessee Street, Tallahassee, FL 32304 (850) 574-4613 3535 Apalachee Pkwy Tallahassee, FL 32311 (850) 656-4593 3221 N Monroe St Tallahassee, FL 32303 (850) 562-2829

Publix offers a free medication program\* Walmart offers \$4 prescriptions\* \*select medications



## **Healthcare Services**



### **First Floor**

- Admission Health Requirements
- Triage
- Priority Clinic
- > Allergy Clinic
- Medical Response Unit
- Diagnostic Imaging
- Quest Diagnostics Lab

### **Second Floor**

- Fitness and Movement Clinic
- Physical Therapy

### **Third Floor**

- Morgan Dental
- Wellness Sport & Spine

### **Fourth Floor**

- Center for Health Advocacy and Wellness (CHAW)
- Primary Care
- Fast Track Clinic
- > Travel Clinic

### **Fifth Floor**

- Administrative Offices
- Billing Office
- Medical Records
- ➢ Women's Clinic
- Referrals Department



### **Chronic Conditions & Special Circumstances**

#### Major life transition

- Relocation
- Expanded social opportunities
- Increased academic stress

#### > Stable vs. unstable

- Life-work-play balance
- Self-monitoring
- Coping skills

#### Specialty Providers

• Maintain vs re-establish care

#### Context of Care

- Send pertinent records ahead of time
- Treatment summary letter

#### Medic alert bracelets

Anaphylaxis, Diabetes Mellitus, etc.

# **Insurance & Billing**



### **Insurance & Billing**

- In-network with a variety of different insurance plans
  - Out-of-network for Avmed, Tricare Prime, and Medicaid
- University-sponsored insurance available
  - United Healthcare Student Resources
  - Premium deductible through financial aid
- Insurance coverage a requirement for registration
  - Any medical insurance will meet the requirement
- PPO vs HMO
  - Bridge of care
- ER care is for true emergencies and not a substitute for primary or specialty healthcare services





#### Insurance & Billing In-Network Insurance Plans

#### Florida Blue (formerly Blue Cross Blue Shield)

- Network Blue/Blue Options
- Blue Choice/PPO
- Traditional
- Aetna
  - PPO
  - Managed Choice (POS)
  - HMO

#### United HealthCare

- Choice Plus
- PPO & POS
- > CIGNA
  - PPO
  - OAP (Open Access Plus)

- Humana (Out-of-Network for Physical Therapy)
  - PPO
  - POS
- > Tricare
  - Select
  - Prime (Out-of-Network, Referral from your PCM is required)
- Capital Health Plan (CHP) (Out-of-Network for Physical Therapy)
- United Behavioral Health





### **Insurance & Billing**

- Routine face-to-face visits with a general medical clinician are covered under student health fee if not paid by insurance
- Co-pay not collected at time of visit
- All visits, procedures, labs, diagnostic imaging & specialty visits will be billed to insurance carrier
- Outstanding balances post to student account
  - Registration hold applied for following semester





### University Health Services Student Insurance Rates 2022/2023

	Domestic Student	International Student
<b>Annual:</b> Aug. 15 – Aug. 14	\$3,188	\$3,239
Fall: Aug. 15 – Dec. 31	\$1,214	\$1.233
Spring/Summer: Jan. 1 – Aug. 14	\$1,974	\$2,006
*Summer: May 10 – Aug. 14	\$847	\$861

\*Please note that "Summer" coverage is only available to summer admits.

\*Rates for 2022/2023 have not been released.

#### studentinsurance.fsu.edu

# **UHS and COVID-19**



### **Get Involved**

UHS offers several ways for students to become involved. To learn more, visit uhs.fsu.edu/getinvolved

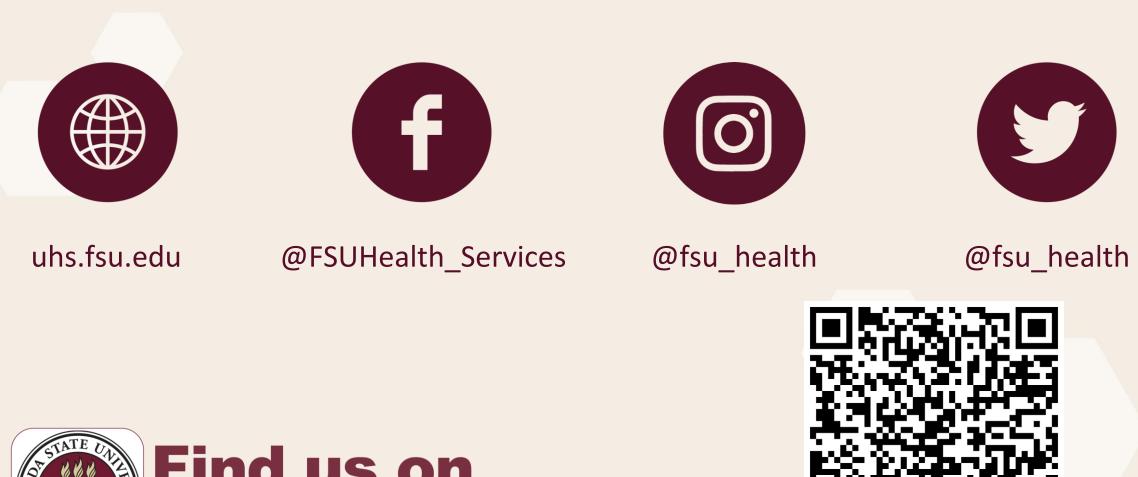




### **Tips for First Year Students**

- Call or walk in to schedule an appointment. Appointments can also be made online at <u>https://mycw34.eclinicalweb.com/portal3684/jsp/100mp/login\_otp.jsp</u>
- Bring your FSU ID and health insurance card with you
  - Have picture of front and back of card
- Know your medical (and family) history
  - Allergies and reactions
- Understand your insurance coverage
  - Know whether your insurance uses Quest or LabCorp
- Practice regular self-care
  - Bring a "feel better" kit
    - OTC medications, Band-Aids<sup>®</sup>, thermometer
  - Maintain healthy diet and adequate rest
  - Keep all appointments as scheduled
- Practice navigating the healthcare system independently prior to coming to FSU
  - Make an appointment, pay a co-pay, fill a prescription









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