





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



Student's Name (Printed)

University Health Services, Florida State

FSUSN / emplID.

Date of Birth

#### Patient Disclosure Authorization

Emergency Contact Name	Relationship to Patient				
Address	Phone ()				
Oo you want your treatment at University Health Services (UHS) discussed with this person? Yes No					
The staff members of UHS consider all patient information confidential. Please list all individuals with whom we may discuss your nedical condition, test results, and/or treatment plan.					
YOU MAY DISCUSS MY TREATMENT AT UHS WITH:  Note: Accepted relationship include immediate family members such as, mother, father, spouse, and children. The Health Center will not honor disclosure for discussion of medical conditions, test results, and/or treatment plans to departments on campus or elationships other than those stated without proper medical release forms on file.					

Relationship Relationship

# **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>

FLORIDA STATE UNIVERSITY Immunization Form					
Part A- Print or type. Illegible form will not be processed					
LAST NAME:		FIRST NAME:		DOB:	
EMPLID	EMAIL_		PRIMARY PHONE#		
Please list uny relevant personal and family medical history:  1. Do you have any allergies (including Medications): NoYesPlease list if yes:					
REQUIRED AUTHORIZATIONS FOR CARE FOR STUDENTS UNDER THE AGE OF 18: 1 authorize health center personnel to provide medical and suggisted care including examinations, treatment, immunizations and the like for my sondaughter. In the event of serious disease or injury, I understand that all reasonable efforts will be made to contact me but failure to contact will not prevent emergency treatment if necessary to preserve life or health.  Signature:  Date:					
Measles, Mumps, Rubella (R 3. 2 doses of vaccine OR a blood	test showing immunity	Dose 1 / / / / / MM / DD / YR		/ M/DD/YR	
*Hepatitis B (Required or Co 3 doses of vaccine OR a blood	mplete Section 6) test showing immunity	Dose 1 / / MM / DD / YR	Dose 2 / / / / MM / DD / YR	Dose 3 / / / MM / DD / YR	
*Meningococcal Meningitis S Complete Section 6) 1 dose since age 16. (such as M Menomune, MCV4, Menveo, a	lenactra, Mencevax,	Dose 1 / / / / / / / / / / / / / / / / / /	Dose 2	//DD/YR	
*Waiver information: I have received the required information regarding the risk of sequiring Meningosceal Meningitis and Hepatitis B and the benefits of receiving immunizations to reduce those risks, I also understand that I am required to receive these immunizations or to actively decline the immunizations by checking the boxes and signing below. I understand that I may decline either or both immunizations and that declining these vac- declines now does not ment I may not receive them in the future.    Meningitis Waiver   Hepatitis B Waiver   Date:   Date:					
Meningitis B (Optional) Please circle type of vaccine (Bexsero or Trumenba)					
7. Meningitis B // Dose 1 MM/f.	DD/YR	Meningitis B / / Dose 2 MM/ DD/ YR	Meningiti Dose 3	s B / / MM/DD/YR	
Tetanus-Diphtheria and Pert Incoming students should have			Tdap	MM/DD/YR	
Tetanus-Diphtheria (Td) (Op	tional)			/ / MM/DD/YR	
This section to be completed by your healthcare provider  Authorization and additional comments: The immunizations dates and systement of contraindications to immunizations entered on this document are, as of the date signed, verified by my signature below. Additional comments:					
10. Clinician OR Records Custodia	n Name				
Clinician OR Records Custodia	n Signature D	ATE	OFFICE	STAMP	
Once Completed: You may submit this form to the Health Compliance Office in one of the following ways:  Email: healthcompliance@fluc dud Please be aware that email sent over the Internet is not considered secure. FSU shall not liable for any breach of confidentially regulating from this form of communication.  Farx SSO-644-8978  Mail: 960 Learning Way, Tallahassee, FL 32366-4178  FSU Dropbos: https://doi.org/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10.1006/10					

# 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





**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 - iOS - Google Play

Call (855) 870-5858

Other After-Hours Care
Options Include

Walk-in Clinics

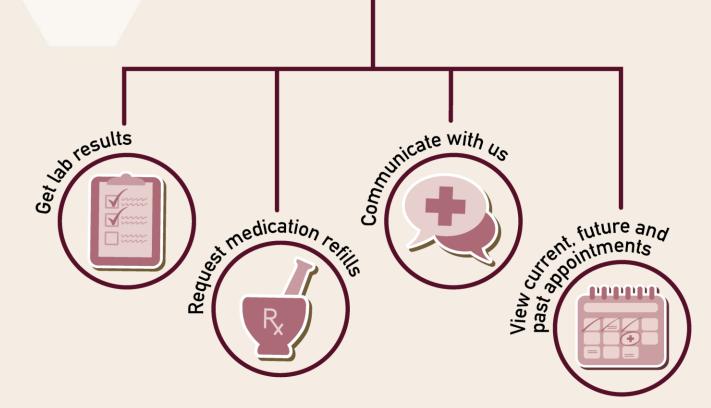
**Urgent Care** 

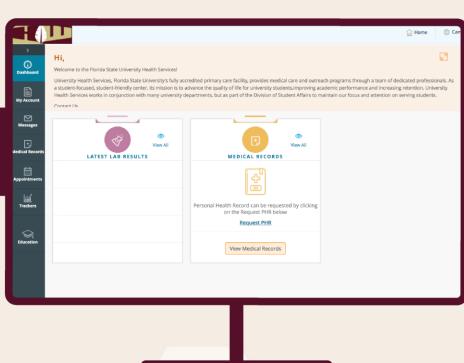
**Emergency Room** 

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

#### **Returning Patients Can Access the**

## PATIENT PORTAL





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

#### **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



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



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 <u>Prime</u>, 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
<b>Fall:</b> 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

<sup>\*</sup>Please note that "Summer" coverage is only available to summer admits.

#### studentinsurance.fsu.edu

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

## **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 <a href="https://mycw34.eclinicalweb.com/portal3684/jsp/100mp/login\_otp.jsp">https://mycw34.eclinicalweb.com/portal3684/jsp/100mp/login\_otp.jsp</a>
- > 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®, 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



uhs.fsu.edu



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@fsu\_health



@fsu\_health





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