

THE UNIVERSITY OF ARIZONA CAMPUS HEALTH SERVICE ("CHS") MEDICAL AND COUNSELING & PSYCH SERVICES ("CAPS") BILLING INFORMATION AND AUTHORIZATION TO BILL

Please fill out all of the following information. We understand that some of this is asked of you in multiple forms - this is for your privacy, so our billing staff can assist you in payment without seeing sensitive information in your electronic health record.

If you have any questions while completing this form, please call Campus Health Services (CHS) at 520-621-9202 or Counseling and Psych Services (CAPS) at 520-621-3334

Legal Name: _____

Date of Birth: _____

Phone number where we can leave a secure voice mail message: _____

Phone number where we can text appointment information or reminders: _____

Cell phone carrier: _____

Campus Health is contracted with Aetna, Blue Cross Blue Shield, Cigna, Health Net and United Healthcare health insurance plans. CHS is NOT contracted with any state plans such as AHCCCS plans and Medicare. If you are not from Arizona, your plan is outside of the Arizona Provider Network, or you have an HMO plan, you are advised to check with your plan to verify out of area benefits.

I have one of the following insurances and want Campus Health to bill my insurance for all billable services (Check one):

- ☐ Student Health Insurance Plan
☐ CESL Health Insurance Plan
☐ Aetna Commercial
☐ Campus Care Supplement
☐ Cigna Behavior Health (EverNorth)
☐ Cigna Commercial
☐ Blue Cross/Blue Shield
☐ Health Net Behavioral Health (Managed Health Network)
☐ United Healthcare (Optum)
☐ OR
☐ As noted Above, I have been advised and I understand Campus Health Service cannot bill my insurance and I will pay fee-for-service
☐ I do not have insurance and will be paying fee-for-service

Campus Health Service does NOT bill any other third-party insurance.

If you have other insurance and you would like to request reimbursement from them, go to the Patient Link menu on the left side of your screen and select **Account Summary**. You can print out itemized statements by visit date. Please allow 3-5 business days after your appointment for the statement to be available.

I authorize Campus Health Services to release any information required to process insurance claims. I authorize payment of medical benefits directly to Campus Health Services.

I have read and understand this authorization completely.

Please fill out the Policyholder's Information:

Policyholder's Name: _____

Relationship: _____

Policyholder's Address: _____

Policyholder's Phone: _____

Policyholder's Date of Birth: _____

Policyholder's Employer Name: _____

Member I.D.#: _____

Group: _____

I understand that I am responsible for charges incurred at Counseling and Psych Services (CAPS) and/or Campus Health Service (CHS).

I understand that if the above Policyholder information is missing or incorrect, I will be financially responsible for visit charges.

I understand that I will be asked to verify my insurance yearly and will provide CHS updated insurance information if my plan/policy changes throughout the year.

Insurance is verified by CHS staff for eligibility and benefits, but I understand I am responsible to confirm with my insurance company which services are covered.

I understand there is no guarantee that the insurance company will pay for services.

I understand there may be copays or deductibles that need to be met prior to any reimbursement from my insurance plan.

I understand that I am personally and fully responsible for charges denied by my insurance company.

I understand that CHS uses a 3rd party laboratory service (Sonora Quest) for certain lab services and that I may receive an additional bill from Sonora Quest.

I acknowledge that all appointments not kept or not cancelled by 4:00 pm the day before the scheduled appointment will be charged a no-show / late cancellation fee, as seen on the website.

Fees incurred may be billed to your bursar's account or paid at CHS on the day of your appointment. As with other bursar's charges, your student standing may be affected by non-payment of fees. Charges can only be transferred to your bursar account if you are currently enrolled or enrolled in a future academic term.

If you have not paid the health portion of the student health and recreation fee that covers the day you receive services, an additional daily user fee will be charged for that day.

The No Surprises Act, which took effect on January 1, 2022, includes a requirement that health care providers and facilities give patients a 'good faith estimate' of expected charges for medical items and services. Please locate your requested service(s) in the Campus Health 2021-2022 Fee Schedule for a good faith estimate of your expected charges:

<https://health.arizona.edu/fees-insurance-overview>

For counseling services please reference the fee schedule at:

<https://caps.arizona.edu/fees-insurance>

For more information on the No Surprises Act or If you have questions about your rights, you may:

- Call CHS at 520-626-6889

- Visit this website for more information about your rights under federal law:

www.cms.gov/nosurprises/consumers; or

- Visit this website for more information about your rights under Arizona law:

<https://difi.az.gov/arizonas-surprise-out-network-billing-dispute-resolution-soonbdr-program>

Signature of Patient or Person Authorized to Consent

Date

Print Name