

## Student **Health** Services

### Financial Information and Authorization to Process Insurance Claims

It is recommended that all USC students be covered by health insurance either with an individual student policy or through their family policy. Patients and clients are responsible for all charges incurred by themselves or family members for services at Student Health Services (SHS). Examples of charges include lab tests, x-rays, prescriptions, physical therapy, vaccinations, psychiatric services, and others.

Student Health Services will file insurance claims on behalf of patients and clients. A current insurance ID card must be presented and maintained on file at Student Health Services in order to file claims with your insurance plan. The filing of claims does not guarantee either full or partial payment by the insurance company. Students remain responsible for any unpaid balances.

**SHS is a participating provider only for the University-sponsored Student Health Insurance Plan by BlueCross BlueShield of SC. SHS is not a participating provider for other health insurance plans, including HMOs, TRICARE military and those covering USC or state employees and their dependents.**

The Student Health Services Pharmacy is contracted and approved to file claims for many insurance plans for prescriptions, whether written by SHS providers or others.

*By signing this acknowledgment, you are indicating that you have read and understand the above information and authorize the release of any medical or insurance information to the insurance company which is necessary to process claims for services rendered by this facility. You also acknowledge that you authorize your insurance company to distribute the payment of your coverage directly to the provider rendering services. **You understand that you are fully responsible for all charges regardless of your insurance benefits.** As a student at USC, you understand that you are responsible for any charges incurred by your spouse if treated at t Student Health Services. You authorize the use of this acknowledgement in lieu of signature on all insurance submissions. You may elect to pay any bill in full in lieu of submitting a claim for insurance reimbursement.*

***You also understand that by filing insurance claims, your private health information may be disclosed to the insurance policy holder.***

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date