This form allows students to opt into coverage by the Student Health Fee, if enrolled for less than 4 hours.

The Student Health Fee is NOT insurance coverage. The Health Fee:

- Covers unlimited office visits at Student Health. The office visit fee is the provider’s evaluation and management of your care.
- Does not cover charges for labs, preventive care (i.e. physicals & immunizations), medical supplies, or procedures (e.g. wart treatment). For your convenience, these charges can be submitted to insurance with any non-covered amount being transferred to your U-bill.
- No refunds will be issued if no office visit charges were incurred.
- The cost is $118.50 for fall or spring ($59.25 summer) and will be charged to your U-bill.

Other payment options for office visits:

- Insurance:
  Check with your insurance to help you decide. The Student Health Fee may be a better option for you than paying a deductible/co-insurance/co-pay.
  
  If you have University of Iowa Student Health Insurance Plan (SHIP) or GradCare, it may be more advantageous to have your office visit charges submitted to insurance.
  
  For your convenience, office visit and any other Student Health charges can be submitted to insurance with any non-covered amount being transferred to your U-bill.
- Paying with cash/check/U-bill is always an option for any visit.

If you have questions regarding this form, please call Student Health at 319-335-8376.

Semester (for example, Fall 2019, Spring 2020, etc): __________________________________________________

Name: __________________________________________________________________________________________

(Last) __________________________________________________________________________________________

(First) _________________________________________________________________________________________

Student ID Number: __________________________________________________________

Residing Address: ________________________________________________________________

(Street / Apt number) __________________________________________________________________________

(City) __________ (State) __________ (Zip) ____________________________

I agree to pay the current semester Health Fee and authorize it to be charged to my U-bill.

Signature: __________________________________________ Date: __________________________

Please return this form to:
The University of Iowa  Student Health
4189 Westlawn, Iowa City IA 52242
Fax: 319-335-7247

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