

The University of Arizona Campus Health Service

WHAT YOU SHOULD KNOW



VISIT

Who can be seen at UA Campus Health Service (CHS)?

Registered UA students and UA affiliates (Faculty/Staff, Post-Doctoral Fellows, J1 Visiting Scholars, J1 Student Interns, ASU, NAU and CESL Students)

What do I need to bring to my visit?

Registered UA Students with an established Bursar's account: CatCard /Photo ID, current Insurance card (if applicable). If you do not pay at time of service, charges will be posted to your Bursar account.

All others affiliated with the UA: CatCard /Photo ID, current insurance ID card (if applicable). Please bring a credit card to secure payment.

COST

What does it cost for services at the UA Campus Health Service (CHS)?

Charges are based on the type and complexity of the visit/service. Outside of an office visit charge, there could be additional charges for Lab tests, X-Rays, Medical Procedures/Supplies and Pharmacy.

Quoted prices are subject to verification and/or subject to change without notice

What are my payment options?

CHS accepts cash, check, Visa, MasterCard or American Express. A CHS receptionist can accept your payment at the time of your visit.

Registered UA Students with an established Bursar's account: Charges not paid the day services are rendered will be forwarded to your UA Student Bursar's account. These charges should be paid as soon as possible to prevent registration holds, cancellation of classes or other inconveniences. For payment due dates, call UA Bursar's office at (520) 621-3232.

All others affiliated with the UA: Payment for services rendered will be required at the time of service. A credit card will be requested to secure payment.

INSURANCE

Do you take my insurance?

CHS is contracted and a participating provider to **most** of the plans for the following insurance companies: United Health Care, Aetna, CIGNA, and Blue Cross/Blue Shield.

HMO Plans may require an "Away-from-Home" plan or designation of CHS as your Primary Care Provider.

To see if we are an in-network participating provider, contact your Member Services and provide the following information or visit their website noted on your insurance card:

- The UA Campus Health Service Tax ID#: 74-2652689
- Provider name: Dr. Michael Stilson or Dr. Tejal Parikh

What does this mean?

CHS has entered into an agreement with these insurance companies to participate in the health plan and to accept a negotiated payment rate. You will be charged your insurance co-pay or deductible and/or co-insurance amount.

What happens at the time of my visit?

When you come to CHS for treatment, you provide your insurance card to our reception staff. After checking-in, the CHS clinician will examine you; decide if additional tests/treatment is required such as Lab tests, X-Rays, Medical Procedures/Supplies and Pharmacy. Typically, there is a co-payment required by your insurance company that you will need to pay.

Registered UA Students with an established Bursar's account: Charges not paid at time of service, will go to your Bursar account.

All others affiliated with the UA: Charges will need to be paid by patient at time of service.

What happens next?

CHS files a claim of your charges, only if CHS is a participating provider, to your insurance company. Your insurance company then processes the CHS claim for payment according to your plan benefits and sends the payment to CHS. Your insurance company will send you a notification called an Explanation of Benefits or EOB (by mail, email or website) that the claim has been processed and how it processed according to your plan benefits.

What if my insurance carrier does not pay the claim?

The patient will be responsible for unpaid charges.

Registered UA Students with an established Bursar's account: Charges will go to your Bursar account.

All others affiliated with the UA: Patient will be mailed a billing statement

What are some reasons why my insurance company did not pay?

- You have an HMO plan and it only covers you when you see certain healthcare providers.
- Your coverage has expired.
- You have switched insurance plans and CHS does not have the new insurance information.
- The service you received is an exclusion (not covered) under your plan.
- You received services from an Out-of-Network provider.
- You may need to call your insurance company to change your Primary Care Physician (PCP)
- You may have needed prior approval from the insurance company before receiving treatment.
- Your insurance company needs verification of your student status.
- Our Billing Department needs more information from you.

What if I do not have insurance?

After the clinician is done with your visit, they will determine the complexity of the visit/procedure/supplies; charges will be placed into our system with the patient being responsible for the charges.

Registered UA Students with an established Bursar's account: Will be charged at Fee-For-Service rates

ASU and NAU Students: Will be charged at Fee-For-Service rates

All others affiliated with the UA: Will be charged at commercial rates

PHARMACY

The CHS Pharmacy is a participating provider for the UA Student Health Insurance and CampusCare supplemental members; however, others may utilize the pharmacy services at a reduced rate.

Registered UA Students with an established Bursar's account: Charges for prescriptions not paid at time of pick-up, will go to your Bursar account.

All others affiliated with the UA: Charges will need to be paid by patient at time of prescription pick-up.

LABORTORY (LABS)

Lab work, how do charges get processed?

Labs drawn at CHS are sent to Sonora Quest Laboratories. Not all insurance companies are contracted with Sonora Quest. Check with your insurance carrier's Member Services department to inquire about your benefits. Labs sent to Sonora Quest will be processed and results will be sent to your doctor.

If you have insurance, Sonora Quest will send the charges directly to your insurance company. If any lab charges are not paid by your insurance company, you will receive a separate bill from Sonora Quest.

ITEMIZED STATEMENTS

What if CHS is not contracted with my insurance company?

CHS will not file a claim with your insurance carrier; charges will be billed to the patient. When you submit a claim with your carrier it may be processed at out-of-network benefits, your benefit may be reduced or the insurance plan may not pay at all.

How can I get an Itemized Medical Statement?

You can request at the time you check out from your visit or go to the CHS website and download.

- www.health.arizona.edu
- Click on Appointments/Patient log-in
- Select "Click to Access Patient Link"
- Enter your NET ID and password
- Type in your date of birth
- Select "Account Summary"

How can I get an Itemized Pharmacy Statement?

Call the CHS Billing and Claims Office at (520) 621-6487.

CONFIDENTIALITY/BILLING AND INSURANCE PLAN QUESTIONS/FORMS

What about my confidentiality?

We cannot discuss your charges with anyone (including parents/spouse) except you, without your permission. If you sign an "Authorization for Release of Confidential Information" form, you authorize CHS employees to release information with the individuals you granted access for the following: appointment scheduling, past and future treatment, and finances concerning health care.

Who do I contact with questions about my insurance plan?

Contact your insurance company via telephone or the carrier's website.

Who do I contact at CHS regarding a bill or providing my insurance information?

Call the CHS Billing and Claims Office at (520) 621-6487.

Location: 2nd Floor of CHS
Email: CHS-BUSO@distribution.arizona.edu
Phone: (520) 621-6487
Fax: (520) 626-9944

Where can I go to get forms?

Forms are accessible at the CHS website or CHS Medical Records department located on the second floor of the Campus Health Service.

Website

- www.health.arizona.edu
- QUICKLINKS
- Forms and Records

GENERAL INSURANCE TERMS

Health Insurance: Coverage that can be purchased by an individual to help pay for medical expenses.

Co-payment: A specific charge that health insurance requires a patient to pay for medical expenses.

Deductible: Amount patient pays before health insurance will begin to pay for medical expenses.

Co-Insurance: A fixed percentage of medical expenses that is payable by the patient and health insurance.

Benefit: A service or supply covered by health insurance.

Exclusion: Specific conditions, services or treatments for which health insurance does not provide a benefit.

Claim: A bill for medical expenses, submitted to the insurance company.

Explanation of Benefits (EOB): Statement from insurance company to a member listing services that were billed by a provider, how charges were processed, and the total amount of patient responsibility for the claim.

Healthcare Provider: Doctor, nurse, hospital or clinic.

Primary Care Physician (PCP): Provider that serves as main healthcare provider to a patient.

Out-of-Network: Healthcare given to a patient outside of the health insurance network of preferred providers.

Preferred Provider: Provider who is contracted with the health insurance company.

