



DREXEL UNIVERSITY COLLEGE OF MEDICINE

Drexel Student Health Center

Financial Responsibility Form

I _____ understand that any type of extra procedure, medical service, or blood work that I receive at the Drexel Student Health Center may need to be sent out to an outside lab to complete testing.

Drexel Student Health will use the insurance information given by the student to submit to the lab for payment of such services over and above the health center's fee for care.

Please be advised that if you do not specifically ask to not have your insurance billed, the submission will be automatic. Also please be advised that if your insurance does not cover the services performed, or you do not provide us with insurance information, you will be responsible for the bill.

It is the student's responsibility to know the coverage that they are entitled to under their insurance plan.

Drexel Student Health Center will not be responsible for any bills that you may receive from an outside lab.

AS A REMINDER THE DREXEL UNIVERSITY CHICKERING PLAN ONLY COVERS 80% OF COSTS AFTER YOU HAVE MET YOUR DEDUCTABLE

I have read the above notice of financial responsibility and understand the above information.

Signature of Patient _____

Date _____

3201 Arch Street, Suite 240 * Philadelphia, PA 19104-2737 * Phone 215-895-5800 * Fax 215-895-5850
www.drexelmed.edu

In the tradition of Woman's Medical College of Pennsylvania and Hahnemann Medical College

Philadelphia Health and Education Corporation d/b/a Drexel University College of Medicine is a separate not for profit subsidiary of Drexel University