

Are you enrolled for 0 to 4 semester hours in Summer of 2012?

You are still eligible to receive inexpensive, quality health care at the Student Health Service

As a student enrolled for only 0-4 semester hours, you will not be automatically assessed the consolidated health fee with your tuition costs. You have the option, however, to pay the consolidated health fee for this semester which is \$59.25.

The consolidated health fee allows students free, unlimited office visits with primary care physicians, psychiatric care, and nutrition services. The consolidated health fee does not cover physicals (e.g. women's annual exam), labs, immunizations, medical supplies, or procedures (e.g. wart treatment).

Graduate students with UIGRADCare coverage may have their visits to the Student Health Service covered by their insurance and may find no financial advantage in paying the consolidated health fee.

The consolidated health fee is not insurance coverage.

If you do not choose to pay the consolidated health fee, as a registered student you may still use the Student Health Service but there will be a charge for each office visit.

Please complete the bottom part of this letter if you wish to pay the consolidated health fee.

This authorization will result in the fee being charged to your U-bill.

Please return this form to:

The University of Iowa, Registrar's Service Center,
17 Calvin Hall, Iowa City IA 52242.

Payment of the consolidated health fee will not cover any previous Student Health Service charges.

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

Check the category that applies to you:

- ☐ Registered student with regular fees assessed on 0-4 s.h.--includes workshops, Division of Continuing Education, and Hospital Certificate Programs
- ☐ Ph.D. Postcomp, Masters Final, or Cooperative Education students
- ☐ Special Program student with no UI fees assessed

To be completed **ONLY** by students registered for 0-4 semester hours or who fit one of the above categories.

Name:

(Last) (First)

Residing Address:

(Street)

(City) (State) (Zip)

Student ID Number: _____

I understand that my signature will result in the consolidated health fee being charged to my U-bill. I understand that this fee entitles me to health care at the Student Health Service without payment of the office visit charge.

Signature: _____ Date: _____