

Terminology in bold print is defined in the glossary section.

- **What is the Consolidated Health Fee?**

The Consolidated Health Fee is assessed to each student who is registered for five or more semester hours. It is on a semester basis and is automatically charged to the University Bill (UBill). It is not insurance. This fee covers the provider's services at Student Health Service (SHS). However, there are charges for labs, immunizations, supplies, physicals (e.g. annual exams and pap smears), and procedures (e.g. removal of lesions and wart treatment).

- **How do I pay for charges incurred?**

We can submit them to your insurance company, charge your UBill, or you may pay by cash or check.

- **Do I need to bring my insurance card?**

Yes. The insurance card contains vital information needed to submit your charges and to verify your eligibility. A copy of both the front and back of your insurance card will be sufficient. Information needed is the policy number and the **policy holder's** name, address, phone number, date of birth, and employer.

- **Will my insurance cover my charges?**

We will submit to most insurance companies. You are advised to contact your insurance company before your visit to determine your coverage. Each insurance company is different and covers different services. For instance, your insurance may not cover routine services (e.g. physicals, immunizations) but may cover services that are medically necessary (e.g. illness, injury). There is usually a toll-free customer number located on the back of your insurance card. You may need to obtain a **referral** from your **Primary Care**

**Provider (PCP)**, change your PCP to a SHS provider, or obtain **out-of-network** coverage in order to have charges covered at the SHS.

- **Is SHS a network provider?**

SHS may be considered out-of-network for most commercial insurances. Most Blue Cross and Blue Shield plans are accepted. When contacting your insurance company, you will need to ask about coverage with a specific SHS provider. Check our website for a listing of our providers.

- **Is SHS a participating IowaCare provider?**

We are here to serve all students. However, our providers do not participate in IowaCare. If you are a member of IowaCare, you will be responsible for any charges. Payment options are UBill or cash/check.

- **What happens after an insurance company settles a claim?**

Your insurance company may or may not pay charges for a variety of reasons. Charges may be applied towards your **deductible** or be a **non-covered benefit**; you may have used a provider who is **out-of-network**, or the insurance company did not receive requested additional information.

Anything not covered by insurance will be posted to your UBill. It can take up to 8 weeks or more for an insurance company to process a claim. Therefore, it may be some time between your visit and when charges will appear on your UBill.

- **How do the charges appear on my UBill?**

Charges that are posted to your UBill are listed as "Student Health Service". Charges are not itemized or detailed. We will not

provide a patient's health information to anyone without the patient's written consent unless otherwise permitted under **HIPAA** or other regulations.

- **What if I have charges at University of Iowa Hospitals & Clinics (UIHC)?**

You may be referred to a specialty clinic at UIHC, for example Radiology for an x-ray or Pathology for a lab test (e.g. pap test). UIHC will need you to provide insurance information and obtain your signature on their Authorization form. If UIHC has your information, they will bill your insurance company, unless you request otherwise. If UIHC does not have your information, they will bill you directly. UIHC Business Office can assist you. Their number is 1-866-393-4605 if your last name begins with A-K, or 1-866-393-4606 if your last name begins with L-Z.

- **What if my insurance company requests student status?**

The insurance company may request your current student status. You will need to send a student status report to the insurance company. You may pick up an official student status report from the University of Iowa Registrar's office in Jessup Hall Room #1.

- **Will my parent(s)/guardians(s) know why I was seen at SHS?**

The **policy holder** of the insurance may receive payment information from the insurance company. This is usually presented on a document titled **Explanation of Benefits (EOB)**. The **EOB** will list the date of service and what type of service was performed (e.g. labs, immunizations, office visit). It may or may not be further detailed.

- **Can I obtain insurance coverage through the University of Iowa?**

Contact the University of Iowa Benefits office. Phone: 319-335-2676. Their website is: <http://www.uiowa.edu/hr/benefits/student/index.html>

- **What if I have Medicaid coverage?**

You need to present the current month's Medicaid or Medipass card at the time of your visit in order for your charges to be submitted. If you are covered by Medipass, prior authorization must be obtained by your **Primary Care Provider** in order for your visit to be covered by Medicaid.

#### GLOSSARY:

- **Co-payment/Co-insurance:** The amount, mandated by the insurance company, the patient will need to pay each visit.
- **Deductible:** The amount the patient or insured will need to pay before insurance will pay for covered expenses.
- **Explanation of Benefits (EOB):** A document sent to the policyholder, listing the charges submitted to insurance, how much the insurance company will cover and how much is the patient's responsibility.
- **HIPAA:** Health Insurance Portability and Accountability Act. Federal regulations that protect the privacy of your health information.
- **Insured:** The individuals covered under an insurance policy.
- **Non-Covered Service/Benefit:** Charges submitted to an insurance company that are excluded by the insurance policy or considered non-payable by the insurance company.
- **Non-Network Provider:** (Out-of-Network) The provider seen is not a participating provider of that insurance plan. Therefore, the insurance company may not cover the visit or may cover at

a reduced rate. Contact your insurance company before the visit to make special arrangements to have these services covered.

- **Policy holder:** The owner of the insurance policy.
- **Primary Care Provider (PCP):** A medical professional who provides a broad spectrum of care and continuity while coordinating the health care of the patient. The PCP is chosen by the patient from a provider list supplied by the insurance company.
- **Prior Authorization:** Some insurance companies require you to contact them before your visit in order for the visit to be covered.
- **Referral:** Some insurance companies require you to obtain a referral from your PCP if you choose to be seen by a different provider.

### Student Health Service Mission

*To provide quality healthcare, education and health promotion to enhance student learning and success.*

#### STUDENT HEALTH SERVICE

The University of Iowa  
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## Insurance & Billing Questions and Answers



## STUDENT HEALTH SERVICE

319-335-8376  
<http://studenthealth.uiowa.edu>

