

Terminology in bold print is defined in the glossary section.

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

The Consolidated Health Fee is automatically assessed, on the UBill, to each student who is registered for five or more semester hours. It is not insurance. This fee covers office visits with a Physician, Physician Assistant, Psychiatrist, Health Educator, Dietitian, or Fitness Specialist. However, there are charges for labs, immunizations, supplies, physicals (e.g. annual exam), 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 University Bill (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 also 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. However, 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). You are advised to contact your insurance company before your visit to determine your coverage. 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 Student Health Service provider, or obtain out of town coverage in order to have charges covered at the Student Health Service (SHS). SHS is not contracted with insurance companies. SHS is not included in University of Iowa Hospitals & Clinics' (UIHC) contracts, except Blue Cross and Blue Shield. SHS and UIHC have the same tax identification number. When contacting your insurance company, you will need to ask about coverage at SHS and UIHC, as it may differ.

Your insurance company 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 your health information to anyone without your 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 A-K, or 1-866-393-4606 if your last name begins L-Z.

- **What type of information will be sent to the insurance company?**

The minimum amount necessary will be sent. A diagnosis and a description of the charges will initially be sent to your insurance company. Your information will be sent only if we have a signed insurance authorization form. Occasionally, the insurance company may request additional information such as the provider's notes on the visit.

The insurance company may also 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.

- **If I have been seen for HIV/AIDS, substance abuse, or mental health, will my insurance company receive this information?**

When completing the insurance authorization form, you will indicate whether you authorize or do not authorize the release of information to your insurance company for HIV/AIDS, mental health or substance abuse visits.

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

The *policy holder* of the insurance will receive payment information from the insurance company. This is usually presented on a document titled *Explanation of Benefits*. The

Explanation of Benefits 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: www.uiowa.edu/hr/benefits/healthinfo/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:** 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 and therefore the insurance company may not cover the visit.
- **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

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Insurance & Billing Questions and Answers



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