Are you enrolled for 0 to 4 semester hours in Fall 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 <u>not</u> be automatically assessed the health fee with your tuition costs. You have the option, however, to pay the health fee for this semester which is <u>$118.50</u>.

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

The health fee is not insurance coverage.

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

Please complete the bottom part of this letter if you wish to pay the 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 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 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: _____