

MCG STUDENT HEALTH PATIENT RESPONSIBILITY STATEMENT

**PLEASE READ AND SIGN THE FOLLOWING
STATEMENT:**

I understand that the mandatory MCG Student Health Fee for full-time students (taking 6 hours or more) covers eligible services provided **within** the MCG Student Health Service. I further understand that I will be responsible for any additional charges* incurred by me or my dependent beyond those covered by the MCG Student Health Fee.

I also understand that I may continue services at MCG Student Health during a semester that I am enrolled less than six hours and for one semester after graduation by paying a minimal co-pay for each visit.

All charges are due when services are rendered.

Student Signature

Date

Please print the following:

Full Name _____

Address _____

City _____ **State** _____ **Zip** _____

* A list of additional fees for service is available at the Student Health Center.