

MCG STUDENT HEALTH PATIENT RESPONSIBILITY STATEMENT

PLEASE READ AND SIGN THE FOLLOWING STATEMENT:

All students must *pay the Student Health Fee to be eligible* for services in our clinic, regardless of who their insurance carrier is.

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.

Graduates are eligible to continue services at MCG Student Health during the first 30 days after graduation (PULSE/BANNER graduation date). The cost will be \$20.00 per office visit, plus any additional charges incurred by me during the 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.