

# Haverford College

**RETURN FINANCIAL RESPONSIBILITY FORM TO:**

Haverford College Student Health Services  
370 Lancaster Avenue, Haverford, PA, 19041  
Phone 610-896-1089, Fax 610-896-1090  
[www.haverford.edu/healthservices](http://www.haverford.edu/healthservices)  
EMAIL: [hc-healthservices@haverford.edu](mailto:hc-healthservices@haverford.edu)

Dear Student,

We would like to share the following policies with you so that you understand your responsibility regarding the charges for the services rendered to you by Health Services.

Health Services will bill your insurance carrier regardless of our network status. You will be responsible for any portion that your insurance company deems "Patient Responsibility." You are welcome to pay using cash, check, credit card or your Haverford One Card account. You are responsible for co-payments, annual deductibles, and non-covered services. Please be informed of your medical insurance responsibilities. Haverford Health Services fees/charges found at [www.haverford.edu/healthservices](http://www.haverford.edu/healthservices)

All health plans are not the same and do not cover the same services. In the event your health plan determines a service is "not covered," you are responsible for the total charge. When your insurance company reviews the Student Health Service bill, the company will send you and the Student Health Service an Explanation of Benefits (EOB), indicating what the company has paid and what your responsibility to pay is. The amount of your financial responsibility will be sent to you.

Your insurance policy is a contract between you and your insurance company, the Health Providers and the Student Health Service is not involved. If your insurance company does not pay the Student Health Service within 90 days, you are responsible for payment.

If you do not provide us with current insurance information, we will charge your One Card account, or you may pay by cash, check, or credit card. You may then contact your insurance company for reimbursement. Your One Card account may be charged for other services in certain situations.

Please note healthcare services rendered outside Haverford College/Health Services are your responsibility. Please check with your personal health insurance carrier prior to service for benefit and coverage. Haverford College does not intervene in billing or financial charges rendered at local providers, dental, vision, clinics, urgent care facilities, emergency departments, hospitals or ambulance services. Charges/fees are the sole responsibility of the student.

For all services rendered to patients under the age of 18, the parent or guardian with custody is responsible for payment.

In order to provide the best possible service and availability to all our patients, please call us as early as possible if you will need to reschedule your appointment. If you miss your appointment, your student account will be charged \$25.00.

I have read the above and understand and accept these terms.

For insurance/ billing questions, please contact: Vicki Pote, [Vicki.pote@paydc.com](mailto:Vicki.pote@paydc.com) or call 215-230-7550.

PRINT NAME: \_\_\_\_\_ STUDENT ID # \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

If under 18 years of age (Parent Signature): \_\_\_\_\_ DATE: \_\_\_\_\_