



University of Texas Arlington Health Services

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www.uta.edu/healthservices

Welcome to The University of Texas at Arlington Health Services. We are committed to providing excellent health care services to our patients. As a part of our professional relationship it is important that you have an understanding of our financial policy.

All patients must read and sign this form prior to receiving services.

UTA Health Services provides a full service healthcare option for students on campus. Each semester you pay a medical services fee in your tuition that allows you to utilize Health Services. While many of these services are offered at no charge, others are offered at a discounted rate.

The following services are included in your medical services fee:

- Consultation and diagnosis
- Nursing care
- Blood pressure check
- HIV/AIDS information
- Referral advice
- Health education/promotion
- Foreign travel advice
- Substance abuse prevention counseling

The following services are among some of the services that are not included in your medical services fee and you are responsible for all charges incurred by utilizing any of these services.

- Pharmacy services
- Women’s services
- Mental health services
- Laboratory services
- X-ray
- Durable Medical Equipment – DME (Braces, splints, walking boots, crutches, etc.)
- HIV antibody testing (Pre and post-test counseling required)
- Selected physical exams
- Allergy injections
- Immunizations and TB tests
- Elective minor surgery
- Student Health Insurance (On-site representative to assist with plan questions)
- Faculty/Staff urgent care

It is your responsibility to provide us with your most current insurance information. We ONLY accept and file claims for Student Insurance (United Healthcare) and UT Select.

- Please be sure we have accurate insurance information of file at all times to avoid denial of your medical claim. If the claim is denied you will be financially responsible for services rendered.
- We would like to remind you that as medical providers, our relationship is with you, the patient, and not your insurance company. Your insurance is a contract between you and your insurance company. It is your responsibility to know and understand the level of services covered by your insurance company. Please be aware that some or perhaps all of the services provided may not be covered in full by your insurance company. **You are financially responsible for services not covered by your insurance company.**
- We may charge you a “No Show” fee, if you fail to cancel or reschedule your appointment within four hours prior to your appointment time for Mental Health and Women’s Clinic services and up to your appointment time with General Medicine.
- **Charges not paid on the date of service will be added to your bursar account and must be paid at the Bursar’s office in Davis Hall.**

Full payment is due at the time of service. We accept cash, checks, and credit cards.

I have read and understand this Financial Policy.

Signature of Responsible Party

Date

Patient Name: _____
Medical Record Number: _____