

BILLING FAQS

Q: I have a \$290 Student Health Services Fee on my tuition bill. What is this for and can I waive it?

A: The \$290 Student Health Services charge on the fee bill is actually a fee that was part of the General University Fee in prior years. This year, the Board of Trustees decided to itemize the fees a bit differently in an effort to make the fees more transparent.

From the Bursar's website (<https://bursar.uconn.edu/description-of-fees/>):

Student Health Services Fee

This fee was formerly part of the General University Fee (GUF). Due to the unique services offered from other GUF funded activities including Counseling & Mental Health, Nutritional Services, Wellness & Prevention, Women's Health, Primary & Urgent Care, etc., it was removed from the GUF rate and is a stand-alone fee. For additional information, please visit [Student Health Services](#).

Q: I have a charge for health insurance on my bill but I have my own insurance. What do I do?

A: Please complete the waiver located in your StudentAdmin account. Follow these instructions:

<https://studentadmin.uconn.edu/help/students/waive-uconn-health-insurance/>

Q: I have a charge on my fee bill and I haven't been to SHS in a while. What is this for?

A: We will bill your insurance carrier first for any payment and then bill you on the back end for any patient responsibility (copay, coinsurance, deductible). The entire process takes approximately 4-8 weeks. It is a good idea to make a note of when you have visited SHS so that you are not surprised by charges appearing on your fee bill weeks later.

Q: What is a Health Service Misc Fee?

A: That is a charge from a visit at CMHS. Please contact them directly for information regarding these charges. (860.486.4705)

Q: What is the cost for STD testing?

A: All labs are sent to Quest Diagnostics and they will bill for STD testing. Please contact them at 1.800.933.2009 for billing information. It is also a good idea to check with your insurance carrier regarding coverage for STD tests. Please call your member services number on the back of your insurance card. Should you have further questions, contact the billing office (860.486.9239).

Q: I have a secondary insurance but there are charges on my bill. What do I do?

A: Please provide us with your primary and secondary insurance at the time of service. It is helpful if you are certain which plan is primary. Insurance carriers usually follow the birthday

rule to determine primary vs. secondary. This means whichever subscriber's (subscriber being the person who holds the insurance policy, usually a parent) birthday comes first in the year (January 5th vs December 5th for example), that insurance policy would be primary. Please note that sometimes billing errors are made. If you have given us your primary and secondary insurance and still get a charges on your bill, please contact our office via phone or email and we will sort out the error. Oftentimes insurance carriers require you to update your Coordination of Benefits (COB). This allows primary and secondary carriers to "coordinate" which carrier has the primary responsibility for payment of a claim.

Q: I need to register for a class/I can't get into the gym/there's a hold on my account. What do I do?

A: The Bursar's Office places holds on student accounts any time there is a balance due. If the charge is less than \$100, you may not notice anything being affected for you. However, over \$100, you will not be able to register for classes or obtain transcripts. Any balance due on the bill will prevent you from using the gym. Immunization holds should contact medical records at 860.486.2985. Any holds not related to Health Service Fees or Health Service Misc Fees should be addressed with the Bursar's Office at 860.486.4830, press 0 to get a representative.

Q: I scheduled a physical and scheduling told me to contact the Business Office.

A: For any physical exams scheduled here, we will give you the disclaimer that we will submit claims to your insurance, provided it is a participating plan, but that we cannot guarantee all services will be covered. We advise each patient to contact the member services number on the back of their insurance card to check to make sure they are following what their plan allows for physicals. Most physicals will be billed as an annual physical. The exception is DOT PEs. Those PEs are covered by the department for the first one via a Request for Services (RFS) form, and renewals are patient responsibility, \$80, not billable to insurance.

Q: I have an out of state Medicaid plan. Will I be covered at SHS?

A: Medicaid plans are only valid in the state where the plan is issued. Many Medicaid plans will only cover emergency services outside of the state where they are issued.

Q: I'm coming to SHS for a travel consult. What charges should I expect to see?

A: Travel consults are not billable to insurance. The cost of a consult is \$50 for an individual, or \$20 if you are coming in a group. Vaccines required for a travel consult will be billed to your insurance. You should check with your insurance regarding coverage for these vaccines. Many plans do not cover travel vaccines, such as typhoid or yellow fever.

Q: I have a charge on my bill. The Business Office told me it's because I have an insurance policy that requires a referral from my Primary Care Physician (PCP). What do I do?

A: It is the patient's responsibility to obtain a referral from the PCP. We will do our best to identify your policy as a plan that requires a referral at the time of your appointment. Your PCP office will contact your insurance to authorize services by one of our providers. Should your PCP

office require information from our office, they can reach the Billing Office at 860.486.9239. Our Billing Office fax number is 860.486.1048 and this is where insurance referrals should be faxed. Some plans allow a PCP to authorize several visits in advance, and others require a referral for each visit.

Q: The date on my fee bill is for a date in the future. Is this a mistake?

A: The date you see on your fee bill is usually the date the charge was posted to your account and/or when the payment is due. It never corresponds to the date you were seen here at SHS as billing is not in “real time.” It takes approximately 4-8 weeks for a claim to be processed, paid and posted to your fee bill.

Q: What are the costs of immunizations and does my insurance cover it?

A: Please contact your insurance carrier regarding coverage for immunizations. Here is a list of the most common vaccines and the corresponding CPT codes:

Please keep in mind that each vaccine comes with an administration fee. It is \$33 for the first vaccine and \$21 for each additional fee.

MMR - \$70 – 90707

MMRV - \$159 – 90710

Meningitis B (2 dose) - \$185 – 90620

Meningitis B (3 dose) - \$134 – 90621

HPV (3 dose) - \$211 – 90651

Rabies (3 dose) - \$335 – 90675

Typhoid - \$82 – 90691

Yellow Fever - \$157 – 90717

Hepatitis A - \$81 – 90632

Hepatitis B - \$78 – 90746

Tdap - \$54 – 90715

****** Prices are subject to change******