

Name:	
DOB:	
Financial Responsibility Information	
for enrolled MSU students, excluding I (internship) year Teacher Certification pharmacy, radiology, physical therapy,	nedical office visits of each academic year and three lifetime psychiatry visits Lifelong Education, Visiting Scholars, and spouses of students. Fifth Program students are eligible for the "three visits". There are costs for lab, medical procedures, injections, and ambulance transport, as these costs are . Your insurance will be billed for these costs.
their limits. You are responsible for p insurance payment. Please take a few	efits they provide, and it is important that you understand your benefits and aying all co-pays, deductibles, rejected claims, and balances after moments to call your insurance company and understand the benefits y. (The phone number is usually on the insurance card.)
coverage. The Patient Account staff car unpaid after 45 days, collection letters	h our social worker about Medicaid or other potential options for health care n help you arrange alternate payment plans if necessary. If an account remains will be sent to both your address on file and a hold will be placed on your ou will be unable to register for classes or receive transcripts or a diploma if
I have read and understand the above	ve, and I agree to these terms.
Patient / Guardian Signature	Date
Guardian Name	
Relationship to Patient	