

## **EMU Health Services - Financial Policy**

*A goal of EMU Health Services is to promote wellness and to encourage students to become responsible for their own health.*

### **BILLING INFORMATION:**

**EMU Health Services bills insurance companies for services provided.** Our fees are set to the usual and customary rates for this area. We participate with Aetna, Anthem, UnitedHealthcare, **Virginia Medicaid** and several other commercial insurance carriers. **We are not a Medicare provider; therefore, we are unable to see Medicare patients.** It is the responsibility of the patient to verify network status with their insurance carrier. Patients need to provide their current health insurance card to the Health Center prior to the first appointment. Individuals without insurance or out-of-state Medicaid need to pay at the time of service by cash, check, or credit/debit card.

*The co-pay on your insurance card must be paid at the time of each visit. Co-pays and payments may be paid in either cash, check or with a credit/debit card.*

**Remaining patient balances are due upon receipt of the first billing statement.** Self-pay patients are expected to make a payment at the time of service.

Balances over 90 days will be transferred to the individual's EMU student account administered by the Business Office. Please visit [www.emu.edu/business-office](http://www.emu.edu/business-office) for a complete listing of policies related to finance charges, collection costs, and inquiries about your EMU student account statement.

### **ADDITIONAL FEES:**

- \$25.00 No-Show fee for missed appointments. Notification to Health Services needs to be at least one hour prior to appointment to avoid this fee.
- \$50.00 returned check fee.

### **CONTACT INFORMATION:**

Health Services is located on the second floor of the Univ. Commons in the Weaver Wellness Suite. You may contact our office at (540) 432-4308 Monday and Friday from 10:30am to 5:00pm & Tuesday, Wednesday and Thursday 8:30am to 4:30 pm.

***I have read or had explained to me this Financial Policy. I understand it and agree to abide by it.***

---

**Signature of Patient**

---

**Date**

---

**Name of Patient**

G:/forms/financial policy