PennState Student Affairs | University Health Services

Financial Services
308 Student Health Center
542 Eisenhower Road
University Park, PA 16802
Phone: 814-865-4847
Fax: 814-865-7778

PERMISSION TO DISCUSS MEDICAL BILLING/CHARGES

Patient Name: _______________________________ PSU ID # or Date of Birth: _______________
(Print: Last, First)

Medical Healthcare Solutions (MHS) is contracted with University Health Services (UHS) to provide medical billing services. I authorize MHS staff and UHS financial services staff to speak with the following individuals regarding my medical bills and insurance claim information for services provided to me by UHS and billed to my healthcare insurance carrier. I understand that discussions concerning my charges, insurance coverage, billing or payments may include information such as diagnosis (reason for visit) and treatment information. This authorization will expire on December 31 of the current year, unless I exercise my right to revoke the authorization prior to that date.

Individual(s) authorized to speak with MHS staff and UHS Financial Services staff:

1) Name: ____________________________ Relationship to the patient: ________________________

2) Name: ____________________________ Relationship to the patient: ________________________

If I choose to revoke this authorization, I must do so in writing and present, mail or fax my revocation to the Health Information Management Department at University Health Services, Room 128 Student Health Center, University Park, PA 16802; fax 814-865-6982. I understand that the revocation will not apply to information that has already been released in response to this authorization.

I understand that the signing of this authorization is voluntary and not required to ensure healthcare treatment. I also understand that the information disclosed according to this release may be redisclosed by the recipient and therefore is no longer protected under HIPAA.

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Signature of Patient or Legal Representative * **Date**

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If signed by legal representative, relationship to the patient