

Campus Health Services Insurance Billing Information

(Front and back copy of the insurance card is required and must be presented before or on the date of service)

Patient's Name:		NAU ID Number:	
Date of Birth:		Phone Number:	

Insurance Information:

<input type="checkbox"/> Louie Care	<input type="checkbox"/> UHC Student Insurance	<input type="checkbox"/> Blue Cross Blue Shield	<input type="checkbox"/> Aetna
<input type="checkbox"/> United Health Care	<input type="checkbox"/> Cigna	<input type="checkbox"/> Tricare (Select and Standard)	<input type="checkbox"/> Other:

Policy Holder's Name	
Policy Holder's DOB	
Member/Subscriber #	
Policy Holder's Phone Number	
Relationship to Patient	
Policy Holder's Mailing Address	
City/State	
Zip Code	

I understand that my medical information will be shared with the primary policy holder. The Explanation of Benefits will be sent to the policy holder's address at the time my claim is processed. This document may include my diagnosis and procedure information. _____ **(Initial here)**

****Please note: CHS will only bill for services if we receive your insurance within 48 hours of service. If you do not present the card within 48 hours, you may be responsible for all charges.**

- I authorize the release of any medical or other information necessary to process my claim. I authorize payment of medical benefits to NAU Campus Health Services.
- I understand that I am responsible for any copayments, deductibles, or denied charges, which may be posted to my LOUIE account. I understand that I am responsible for verifying my own benefits and that I may be responsible for charges if my plan does not cover services.
- I understand that I will be asked to verify my insurance yearly and will provide CHS updated insurance information if my plan/policy changes throughout the year.
- CHS is contracted with Aetna, Blue Cross Blue Shield, Cigna, and United HealthCare. CHS is not contracted with any state plans such as AHCCCS plans and Medicare. If you are from outside the Arizona network or have an HMO, you are advised to check with your plan to verify out of area benefits.
- If I am a spouse of an employee, I understand payment for copays/deductibles must be paid on the date of service. If I do not pay, I understand that the charges will be directly billed to me personally by CHS.
- I understand that CHS uses a 3rd party laboratory service (Sonora Quest) for certain lab services and that I may receive an additional bill from Sonora Quest.

I have past charges on my LOUIE account that needs to be billed to my insurance.

By checking this box I acknowledge that filling in the following information will constitute your eSignature and will have the same legal impact as signing a printed version of this document.

Date: _____

CHS Use Only:

Entered:		Start Bill Date:	
Card scanned:		Card to be (Check One):	<input type="checkbox"/> Faxed <input type="checkbox"/> Emailed <input type="checkbox"/> Uploaded
Outside special clinic uses only:		Insurance Carrier	
Policy ID #		Group #	