



Group Name: \_\_\_\_\_

Due Date: \_\_\_\_\_

## Health Care Service Request Form

The UCSC Student Health Center is an on campus health provider.

Summer hours are Monday-Friday; 8:30-4:30\*

If your group has established an account the **fees for services rendered will be master billed to the conference group.**

**The UCSC Student Health Center does not bill or accept insurance.**

Off campus health services are available within Santa Cruz County. Please check with your Health Care Provider for specifics on where your son/daughter can receive health services.

**Please indicate below if you would like a group account established at the UCSC Student Health Center.**

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- Yes, I am authorizing a group account established at the UCSC Student Health Center and understand that any charges incurred by my group participants/staff will be master billed to my conference invoice.
- Should you check "yes" here, please have the health history form completed by each participant.
  - In the event a participant is in need of treatment they will go to the Student Health Center with a program staff member and the completed form.
- No, I will arrange for off campus treatment in the event my group participants/staff need medical services.

(\*hours subject to change)

Authorized signature \_\_\_\_\_

Date \_\_\_\_\_