



EDGEWOOD COLLEGE HEALTH SERVICES

_____ I have received the notice of privacy practices.
initials

_____ I consent to having my services charges transmitted to the Edgewood Billing Office
initials under the generic label of "Health Services Charge."

_____ I consent to transmission of insurance claims to my health insurance plan. Edgewood
initials currently bills only WPS student health insurance, but in the future, it may be possible to bill certain services (lab or specialist) or certain private insurance plans.

_____ I consent to electronic retrieval of my medication history to save data entry work.
initials

_____ I consent to occasional text messaging communication of non-sensitive information
initials with the Health Services office.

_____ My initials and my signature below authorize Edgewood College to charge my student
initials account for health services at the Edgewood College Health Center. Any Federal aid in my account may be applied toward this charge unless I rescind this authorization.

Name Date

Signature