DEPARTMENTAL PAYMENT FORM FOR MEDICAL SERVICES

SIU SOUTHERN ILLINOIS UNIVERSITY CARBONDALE
STUDENT HEALTH SERVICES

Complete this form when sending to the Student Health Center for medical services

Patient Information section:

Name (Last, First, MI):
Dawgtag #:
Date: _____/_____/_____
Patient Signature:

Important Payment Information

1. Obtain written approval from your department's representative prior to appointment.
2. Bring this signed form with you at the time of appointment and present at check-in.
3. Employee/patient is responsible for all charges if referring department refuses payment.

Responsible Department/Party:

Contact Person Name (Last, First, MI):	Phone:
Department Title:	
AIS Account Title:	
Budget Purpose:	
Non-SIU Agency Address (Required):	

Visit Type:

- ☐ Physical (may include immunizations, X-ray, lab)
- ☐ Immunization (Associated fees)
- ☐ Other _____

Additional information:

Authorizing Department Representative:
Name:_____ Title:_____ Signature:_____ Date:_____

Approving Officer:
Name:_____ Title:_____ Signature:_____ Date:_____

*Signature indicates approval of payment.
*Department Responsibility to contact SHS for costs of services.

CONTACT INFO

Student Health Services
374 East Grand Avenue
Mail Code 6740
Carbondale, IL 62901

Phone: 618/453-3311
Email: shcinfo@siu.edu
Website: shc.siu.edu

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