

<b>WHAT YOU ARE CHARGED FOR YOUR VISIT BY THE STUDENT HEALTH SERVICE</b>		
	If you have PSIP	If you pay Clinical Fee
<b>Visits at SHS:</b> <ul style="list-style-type: none"> <li>• Nursing</li> <li>• Nutrition</li> <li>• Primary Care</li> <li>• Sports Medicine</li> <li>• Travel consultation</li> <li>• Women's Health</li> </ul>	<p align="center"><b>Covered in full by PSIP</b></p> <p align="center">No additional charge to you</p>	<p align="center"><b>Covered in full by Clinical Fee</b></p> <p align="center">No additional charge to you</p>
<b>Podiatry</b>	<p align="center"><b>Covered in full by PSIP</b></p> <p align="center">No additional charge to you</p>	<p align="center"><b>Billed by podiatry practice to your insurance</b></p> <p align="center">No additional charge to you</p>
<b>Massage</b> <ul style="list-style-type: none"> <li>• \$60 for one-hour massage</li> </ul> <b>Acupuncture</b> <ul style="list-style-type: none"> <li>• Initial session: \$60</li> <li>• Subsequent sessions \$60 each</li> </ul>	<p align="center"><b><i>NOT COVERED BY PSIP</i></b></p> <p align="center"><b>Billed to you/your SFS account (Bursar Bill)</b></p>	<p align="center"><b>Billed to you/your SFS account (Bursar Bill)</b></p>

On the reverse:

FOR QUESTIONS ABOUT YOUR STUDENT HEALTH BILL  
 Call our billing department at 215-746-3535, option 8, submenu 1  
 or email us: [shsbill@pobox.upenn.edu](mailto:shsbill@pobox.upenn.edu)

FOR QUESTIONS ABOUT THE PENN STUDENT INSURANCE PLAN  
 Call the Student Health Insurance office at 215-746-3535, option 3

FOR QUESTIONS ABOUT YOUR BURSAR BILL  
 Contact Student Financial Services (SFS) by phone at 215-898-1988 or by e-mail at [sfsmail@sfs.upenn.edu](mailto:sfsmail@sfs.upenn.edu)

WHAT YOU ARE CHARGED FOR CARE BY HUP/UPHS		
	If you have PSIP	If you pay Clinical Fee
Emergency Room visits	ER co-pay is \$75 <i>(no referral needed for ER visits)</i>	
<ul style="list-style-type: none"> <li>• Hospitalization (\$100 co-pay)</li> <li>• Surgical procedures (\$150 co-pay)</li> <li>• Consultations (specialist visits)</li> <li>• X-rays and other imaging studies</li> <li>• Lab tests</li> <li>• Physical therapy (10% co-insurance)</li> </ul>	<p><b>Referral from SHS is required for most services outside of SHS (including ER follow up care)</b></p> <ul style="list-style-type: none"> <li>• Charges billed to PSIP first</li> <li>• After PSIP processes claim, UPHS bills you for charges that are your responsibility</li> <li>• You pay first \$250 of allowed charges every year (your deductible)</li> <li>• Once deductible is met, you pay \$25 for office visit and \$35 for diagnostic tests; plus any applicable co-pays</li> </ul>	<ul style="list-style-type: none"> <li>• Billed to you or your insurance plan. Coverage is subject to terms of your insurance plan.</li> <li>• You are responsible for payment of any co-pays or co-insurance your insurance plan sets.</li> <li>• If UPHS is not in your insurance plan network, you are responsible for any charges not covered by your policy.</li> </ul>

On the reverse:

FOR QUESTIONS ABOUT YOUR HOSPITAL BILL  
Call 1-800-406-1177

FOR QUESTIONS ABOUT THE PENN STUDENT INSURANCE PLAN  
Call the Student Health Insurance office at 215-746-3535, option 3

<b>WHAT YOU ARE CHARGED FOR TREATMENT BY STUDENT HEALTH SERVICE</b>		
	<b>If you have PSIP</b>	<b>If you pay Clinical Fee</b>
<b>TREATMENT</b> <ul style="list-style-type: none"> <li>ALLERGY INJECTIONS (<i>serum not included</i>)</li> <li>Nebulizer treatment</li> </ul>	<b>Covered in full by PSIP</b> No additional charge to you	<b>Covered in full by Clinical Fee</b> No additional charge to you
<b>PROCEDURES</b> <ul style="list-style-type: none"> <li>Casting (\$45)</li> <li>Colposcopy w/ biopsy (\$450)</li> <li>Wart treatment (\$30)</li> </ul>	<b>Covered in full by PSIP</b> No additional charge to you	<b>Billed to you/your SFS account (Bursar Bill)</b>
<b>ORTHOPEDIC SUPPLIES</b>	<b>Covered in full by PSIP</b> No additional charge to you	<b>Billed to you/your SFS account (Bursar Bill)</b>
<b>MEDICATIONS DISPENSED BY SHS</b>	<b>Billed to you/your SFS account (Bursar Bill)</b>	<b>Billed to you/your SFS account (Bursar Bill)</b>

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<b>WHAT YOU ARE CHARGED FOR IMMUNIZATIONS BY THE STUDENT HEALTH SERVICE</b>		
	<b>If you have PSIP</b>	<b>If you pay Clinical Fee</b>
<b>REQUIRED IMMUNIZATIONS</b> <ul style="list-style-type: none"> <li>• Hepatitis B (\$60)</li> <li>• Meningococcal (\$110)</li> <li>• MMR (\$65)</li> <li>• Rabies (\$200)</li> <li>• Tdap (\$50)</li> <li>• Varicella (\$95)</li> </ul>	<b>Covered in full by PSIP if required by program or university*</b> No additional charge to you  <i>Meningococcal vaccine covered only for undergraduates living on campus.</i> <i>Rabies vaccine covered only for veterinary students.</i>	<b>Billed to you/your SFS account (Bursar Bill)</b>
<b>HPV VACCINE (\$165)</b>	<b>\$40.00 co-pay (billed to you/your SFS account )</b> Remainder covered by PSIP	<b>Billed to you/your SFS account (Bursar Bill)</b>
<b>INFLUENZA (\$25)</b> <b>PNEUMOVAX (\$50)</b> <b>RABIES (\$200)</b>	<b>Covered in full by PSIP if medically indicated</b> <b>Otherwise, billed to you/your SFS account (Bursar Bill)</b>	<b>Billed to you/your SFS account (Bursar Bill)</b>
<b>TRAVEL &amp; OPTIONAL IMMUNIZATIONS</b> <ul style="list-style-type: none"> <li>• Hepatitis A (\$80)</li> <li>• Rabies (\$200)</li> <li>• Typhoid (\$60)</li> <li>• Yellow fever (\$125)</li> </ul>	<b>Billed to you/your SFS account (Bursar Bill)</b>	<b>Billed to you/your SFS account (Bursar Bill)</b>

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<b>WHAT YOU ARE CHARGED FOR LAB TESTS BY THE STUDENT HEALTH SERVICE</b>		
	<b>If you have PSIP</b>	<b>If you pay Clinical Fee</b>
<b>ON-SITE RAPID HIV TESTING</b> (Additional charge for blood draw)	<b>Covered in full by PSIP</b> No additional charge to you	<b>Covered in full by Clinical Fee</b> No additional charge to you
<b>RAPID STREP TEST</b> • <b>\$15</b>	<b>Covered in full by PSIP</b> No additional charge to you	<b>Billed to you/your SFS account (Bursar Bill)</b>
<b>IMMUNE TITERS</b> • Hep B titer: \$16 • Measles titer: \$13 • Mumps titer: \$11 • Rubella titer: \$22 • Varicella titer: \$25	<b>Covered in full by PSIP</b> No additional charge to you	<b>Billed to you/your SFS account (Bursar Bill)</b>
<b>PAP SMEAR</b> • <b>\$50</b>	<b>Covered in full by PSIP</b> No additional charge to you	<b>Billed to you/your SFS account (Bursar Bill)</b>
<b>STI TESTING</b> • Tests range from \$10 to \$68	<b>Covered in full by PSIP</b> No additional charge to you	<b>Billed to you/your SFS account (Bursar Bill)</b>

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**WHAT YOU ARE CHARGED FOR LAB TESTS BY QUEST LABORATORIES**

	If you have PSIP	If you pay Clinical Fee
<ul style="list-style-type: none"> <li>• <b>Most lab tests sent from SHS to Quest Laboratory to be performed</b></li> <li>• <b>Quest charges you or your insurance</b></li> <li>• <b>Cost varies according to test</b></li> <li>• <b>Amount you are charged depends on agreement between Quest and your insurance company</b></li> </ul>	<ul style="list-style-type: none"> <li>• Charges billed to PSIP first.</li> <li>• After PSIP processes claim, Quest bills you for charges that are your responsibility</li> <li>• You pay first \$250 of allowed charges every year (deductible)</li> <li>• Once deductible is met, you pay \$35 for diagnostic tests; PSIP pays rest for covered services</li> </ul>	<ul style="list-style-type: none"> <li>• Billed to you or your insurance plan. Coverage is subject to terms of your insurance plan.</li> <li>• You are responsible for payment of any co-pays or co-insurance your insurance plan sets.</li> <li>• If Quest is not in your insurance plan network, you are responsible for any charges not covered by your policy.</li> </ul>

FOR QUESTIONS ABOUT YOUR QUEST BILL:

Call Quest Diagnostics at 1-800-326-4756

FOR QUESTIONS ABOUT THE PENN STUDENT INSURANCE PLAN:

Call the Student Health Insurance office at 215-746-3535, option 3