



Student Health Center

Louisiana State University
Infirmary Road
Baton Rouge, LA 70803

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www.lsu.edu/shc
studenthealth@lsu.edu

Insurance Billing
Release of Information

Patient Name (please print)

89- Patient LSUID

Patient Signature

Today's Date

Please check one option below:

I have purchased the LSU-sponsored Student Health Insurance Plan, and request that a claim be sent to GM-Southwest for all charges incurred on the following date(s):

I request that a claim be sent on my behalf to insurance company for all charges incurred on the following date(s). I understand that I am authorizing the release of bills which will contain Protected Health Information such as diagnoses and services rendered, and that I have a right to choose how and to whom this PHI is transmitted.

Presentation of Health Insurance ID card must accompany this option.

I request that an itemized bill be sent on my behalf to the individual listed below for all charges incurred on the following date(s). I understand that I am authorizing the release of bills which will contain Protected Health Information such as diagnoses and services rendered, and that I have a right to choose how and to whom this PHI is transmitted.

Name

Address City, State and ZIP code

Special instructions, if any, for this release: