

Yale HEALTH

Patient Registration - Fee for Service

Last Name	First Name	Middle Initial	Have you ever been a Yale Health member? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, under what name and member number? _____ _____
Address (street, city, state, zip code)			
Sex/Gender Identity	Birthdate ____/____/____ Month / Day / Year		When did your membership terminate? _____
Phone Number Day: _____ Evening: _____ Cell: _____			

What is your affiliation with Yale University?

<input type="checkbox"/> Visitor to Yale How long will you be on campus? _____ Reason on campus: _____	<input type="checkbox"/> Visiting Fellow <input type="checkbox"/> Special Student - School _____ <input type="checkbox"/> Yale Student on leave of absence <input type="checkbox"/> Visiting Scholar - length of appointment _____ <input type="checkbox"/> Yale Student spouse/dependent <input type="checkbox"/> Other _____
<input type="checkbox"/> Howard Hughes Foundation Employee (EH)	
<input type="checkbox"/> University Employee - Non-Member (EH)	
<input type="checkbox"/> Clinical Fellow (EH)	

Insurance Information

Name of carrier _____ Address _____

Policy Number _____ Company through which coverage obtained _____

Services available to fee-for-service patients : Acute Care, Diagnostic Imaging, Internal Medicine, Laboratory Gynecology, Pediatrics, Pharmacy, and Student Health

Payment for Services
Payment is expected in full by cash, check, MasterCard, or Visa. Under certain circumstances, you may request that we bill your insurance carrier for services, or you can request reimbursement for services received at Yale Health Center through your insurance carrier. Yale Health does not assume any responsibility for obtaining reimbursement directly from an insurance carrier for services rendered to patients who are not members of Yale Health.

Failure to remit payment for medical treatment will disqualify you for continued services at Yale Health Center. Fee-for-service participation terminates when you are no longer affiliated with Yale University.

Acknowledgement of Receipt
As part of compliance with HIPAA, we are required to give you a Notice of Privacy Practices describing how medical information about you may be used and disclosed and how you can obtain this information. Your signature below acknowledges receipt of this notice as part of the fee-for-service patient registration process.

Signature of Patient _____ Date _____

<i>For Yale Health Use Only</i> Effective Date	Termination Date	Entered By	Date	Distributed:
				<input type="checkbox"/> Member Services <input type="checkbox"/> Patient Billing <input type="checkbox"/> _____

Fee-for-Service

What is fee-for-service?

Fee-for-service allows anyone affiliated with Yale University to use selected services at the Yale Health Center (55 Lock Street) for a fee.

Who is eligible?

Anyone affiliated with Yale University is eligible for these services. This includes visiting medical students, visitors to Yale and Yale student's spouses/dependents. Fee-for-service eligibility terminates when you are no longer affiliated with Yale University.

Who is not eligible?

Yale employees who have not elected a University plan or are covered by Aetna.

How do I register for fee-for-service?

Go to Member Services (Yale Health Center, 1st floor) prior to seeing a clinician for care and complete a Patient Registration Form. Drop off your completed form at Member Services or fax to 203-432-4130.

A copy of your insurance card (front and back) must be included with the completed form.

What services are available?

The following departments are available to those registered for fee-for-service:

- Acute Care
- Blood Draw
- Diagnostic Imaging
- Gynecology
- Internal medicine
- Pediatrics
- Pharmacy
- Student Health

How does payment work?

Payment is expected in full by cash, check, MasterCard or Visa. You can request reimbursement for services received at the Yale Health Center through your insurance carrier or under certain circumstances, you may request that we bill your insurance carrier for services. Yale Health does not assume any responsibility for obtaining reimbursement directly from an insurance carrier for services rendered to patients who are not members of Yale Health.

Failure to remit payment for medical treatment will disqualify you for continued services at the Yale Health Center.

Questions? Contact Member Services at 203-432-0246.