

Student Health Center & Campus Pharmacy Division of Student Affairs

Memorandum of Understanding (MOU) UH Department Request for Student Health Center Services

Location: Health 2 Building

4349 Martin Luther King Blvd., Room 2005

Phone: 713-743-5151

Purpose: REQUEST FOR SERVICES TO BE BILLED TO A UNIVERSITY DEPARTMENT https://uh.edu/healthcenter/forms-policies/department-billing/

Limited services are available if requested by a university department.

To request services, the department's Certifying Signature (Business Administrator) will complete and submit this form to the Student Health Center via email at myhealth@uh.edu.

A copy of the completed form should be forwarded to the employee. The employee may schedule an appointment after this form has been submitted to the Student Health Center.

Employ	yee's/Student's	Name

University ID Number

SELECT TYPE OF SERVICES:

Description	Estimated Cost	
Hepatitis B Vaccine Series (3 Dose Series)	\$96.00 ¹ per dose	
Hepatitis B Titer (Lab Test + Office Visit)	\$71.00 ^{1,2}	
Tuberculosis Test: TB Skin Test	\$20.00 ^{1,2}	
QuantiFERON (QFT) (Lab Test + Office Visit)	\$85.00 ^{1,2}	

¹Prices are subject to change. The final cost will be determined on the actual day of service.

²Depending on the patient's immunization/tuberculosis history, additional lab testing may be required to obtain the necessary results.

DEPARTMENT CONTACT INFORMATION AND AUTHORIZATION:

Department Name:			
Cost Center to be Charged	:	-	
Account Code:			
Certifying Signature:			
	Print Name:		
	Date:		

The Business Office for the Student Health Center will process a Journal Entry using the cost center that has been listed above along with the certifying signature approval. It is the responsibility of the patient to work with their department about any outstanding balances or denied services. Patient's requesting additional services not included above are responsible for any additional costs.