Clear Form

Print Form

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 .		
	completed form should be forwarded to th ppointment after this form has been subm	e employee. The employee should call 713-743-5151 to itted to the Student Health Center.
Employee's Name		University ID Number
SELECT TYPE OF SERVICES		
Hepatitis B Vaccine Series (3 Dose Series) 1, 2, 3		☐ Tuberculosis Test: TB Skin Test ^{1, 2, 3}
☐ Hepatitis B Titer (Lab Test + Office Visit) 1,2,3		QuantiFERON (QFT) (Lab Test + Office Visit) 1, 2, 3
 Cost of Services: https://uh.edu/healthcenter/charges-and-insurance/cost-of-services/ Prices are subject to change. The actual cost will be determined on the exact day of service. Depending on a patient's immunization/tuberculosis history, additional immunizations or 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:		

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.

The patient is responsible for working with their department regarding any outstanding balances or denied services. Patients requesting additional services not included above are responsible for any additional costs.

Form: 21.02 6/1/2024