



THE UNIVERSITY HEALTH CENTER
The University of Georgia
Athens, GA 30602-1755
706-542-8621 Business Office
706-583-0217 Facsimile

UGA SPONSORED SUMMER CAMP
Health Care Billing Procedure Request

Summer Camp/Clinic _____

Session Date(s) _____

Estimated Number of Participants per Session _____

Sponsoring Department _____

Telephone Number _____ Contact Person _____

Please indicate below which option your department prefers regarding billing and payment procedures for participants in your summer program.

Option:

_____ A. Parents or Insurance are billed directly for 100% fee-for-service.

_____ B. As a sponsoring department, we agree to accept and pay for any charges incurred by a participant within our program.

As the individual responsible for the supervision and direction of the above listed program, I understand the above selection applies only to services available at the University Health Service.

Fax back to : 706-583-0217

Signature

Title

Date