



**BILLING AUTHORIZATION AND MEDICAL TREATMENT**

CAMP OR CONFERENCE ATTENDING \_\_\_\_\_

ARRIVAL DATE \_\_\_\_\_ DEPARTURE DATE \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST SOCIAL SECURITY #

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

MALE/FEMALE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ TELEPHONE # ( ) \_\_\_\_\_

**RESPONSIBLE BILLING PARTY**

NAME OF PERSON RESPONSIBLE FOR BILLING \_\_\_\_\_ Social Security # \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY STATE ZIP CODE

DAYTIME TELEPHONE # ( ) \_\_\_\_\_ EVENING TELEPHONE # ( ) \_\_\_\_\_

**Please check if your insurance coverage is provided by Medicare or Medicaid (medical card) and attach a current copy of your card.**  
EIU Health Service is NOT a participating provider in the Illinois Dept. of Public Aid programs, including the Kid Care Program.  
Participant/parent or guardian is responsible for all EIU Health Service charges. EIU Health Service is not able to submit insurance claims.

**MEDICAL INFORMATION**

(PLEASE CHECK ANY OF THE FOLLOWING WHICH APPLY NOW)

- |  |                                       |
|--|---------------------------------------|
| _____ Diabetes                                   | _____ Nervous or Emotional            |
| _____ Epilepsy                                   | _____ Illness Currently Being Treated |
| _____ Heart or Lung Condition                    | _____ With Medicine                   |
| _____ Physical Handicap                          | Other, please list: _____             |
| _____ Contagious Disease or Recent Exposure      | Date of Last Tetanus Shot _____       |
| _____ Orthopedic Conditions, Injuries, Surgeries |                                       |
| _____ Within The Past Year, Explain: _____       |                                       |

**ALLERGIES**

- Do you have any drug allergies: YES/NO List drug allergies \_\_\_\_\_
- Any environmental allergies? YES/NO List other allergies \_\_\_\_\_
- List any medication taken for allergies \_\_\_\_\_

Please describe briefly any of the above medical information which have been checked: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY**

Please Contact: \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_

**UNDER 18 YEARS OF AGE**

I do hereby authorize EIU Health Service to provide medical treatment for the above named person in the event this should become necessary while attending camp/conference at Eastern Illinois University.

Parent/Guardian Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

**\*Please read all of the information on the back of the yellow sheet. The yellow sheet is for the camp/chaperon staff.**

**\*Return the white copies to the EIU Conference Services Office.**

White page—EIU Conference Staff Yellow page—Camp Staff/Chaperon Copy

## Eastern Illinois University Health Service

### For Camp and Conference Guests

Eastern Illinois University Health Service is available for camp and conference guests during regular operating hours for primary care visits. The Health Service is an ambulatory facility (patients must be able to get to the Health Service for treatment) and does not function as an emergency room.

### Medical Treatment Form:

Participants are required to submit a "Medical Treatment" form with their camp registration information. A copy of this form is provided to the Health Service, in the event that a camp or conference guest needs medical treatment on campus. Additionally, the treatment form is kept with the respective camp organizers. For emergency or "after hours" care, the treatment form would be available to the medical provider by the camp organizer.

### Health Service Charges:

The individual camp and conference fees, paid by participants, do not include provisions for services rendered at Eastern's Health Service. **Charges incurred at the Health Service are the responsibility of the camper or the parent/guardian, if the camper is under the age of 18.**

### Insurance Processing:

The Health Service is not able to process insurance claims for patients since "on campus" medical services are funded by our student's Health Service fees. For this reason, health care services are billed directly to the camp participant or parent/guardian. Health Service bills are properly coded to enable patients to submit their bills for reimbursement or payment through their primary health care insurance provider, if desirable or possible. Please be aware that not all insurance providers will honor services rendered outside their realm of medical providers. Questions about health insurance coverage, while attending a camp or conference at Eastern, should be directed to the participant's individual insurance providers.

### Services Available at Eastern's Health Service:

Our services include medical treatment, exams, consultations and referrals for specialty care, standard laboratory and x-ray procedures, pharmacy services, over-the-counter medications and medical supplies (such as slings, braces, etc.)

**Office visits:**     **\$20 for RN visit** (Visitors who "walk-in" for care are initially triaged by a RN. It is not always necessary for visitors to be scheduled with a MD for services a RN is capable of providing. A RN may require MD services following an initial triage.  
                          **\$60 for MD visit** (includes RN triage and MD visit)

### Other fees

**For services:**     **Laboratory Tests**                     **\$10-\$100 per test**  
                          **X-ray Services**                     **\$50-\$170 per exam plus \$15 radiology charge**  
                          **Pharmacy Services**             **Cost of Rx + \$2, starting at \$10, if available** (Pharmacy medications may be filled by the Health Service pharmacy or a local retail pharmacy off campus. The Health Service pharmacy does not accept Medicaid, insurance or charge cards. Payment for pharmacy medications must be made in cash upon receipt of the prescription.)

All Health Service fees are subject to change. The above prices are to be used as a guide.

**Summer Hours:**     **8:00am – 4:00 pm**  
                          **Monday-Friday**  
                          **217-581-3013**

**After Hours and Emergency Care:**  
**Sarah Bush Lincoln Health Care System**  
Emergency Room (Local Hospital) is available 24 hours through the provisions of the patient's individual medical insurance plan. 217-348-2551

### **In Case of Emergency Contact EIU Staff 24-hours a day.**

If you should need to contact a guest while they are staying at EIU, please call the number for the building they are staying in and a member of our staff will assist you.

Thomas Hall	217-581-3079	University Police Department	217-581-3213
Andrews Hall	217-581-3759	Conference Service Office	217-581-7482
Lawson Hall	217-581-5131	(M-F 8:30 am – 4:30 pm)	
Taylor Hall	217-581-3333		
Lincoln/Stevenson/Douglas Halls	217-581-5551		
McKinney/Ford/Weller Halls	217-581-2878		
Carman Hall	217-581-5441		