



NAME: _____

UGA ID#: _____

Date of Birth: _____

Physical Therapy and United Healthcare Student Resources Health Insurance

All students, spouses and domestic partners, are eligible to receive physical therapy at the University Health Center regardless of whether they have health insurance nor the actual type of insurance. In comparison to other clinics in the area, our visit costs are on average about 50% less. Our sessions are individualized one-on-one care to incorporate both treatment and education.

PRIOR to filing with insurance, the initial appointment will be ~ \$130-165, and follow-up visits are ~ \$99-135. *Please note: all charges ('units') are based on what specific interventions are performed and time spent during a visit.*

With the United Healthcare Student Resources health insurance plan (that most graduate students have), patients have historically paid ~ **\$18-\$35 out-of-pocket per visit**. (20% of charges; with United Healthcare Student Resources covering the other 80%).

***Please communicate with our staff and your PT if you have any questions/concerns
We are here to help you!***

Before Your First Appointment You Agree to....

- Complete the online questionnaire
- Wear appropriate clothing (i.e. exercise clothes, tennis shoes, etc.). If we are seeing you for a neck/upper back/shoulder issue, a tank top and regular bra (not a sports bra) is preferable. If we are seeing you for a hip/knee/ankle issue, please wear or bring shorts. Exercise towels and cups for water are available, but we encourage you to bring your own water bottle.
- Please arrive 10 minutes prior to your appointment. If this is your first appointment at the Health Center or if any of your information has changed, stop by Registration prior to checking-in for your PT appointment.

**There is a \$30 charge for missed appointments or appointments canceled less than 24 business hours in advance.
Please call (706) 542-8634 to reschedule.**

By signing below, I acknowledge that I have read and understand all of the above information.

Signature of Patient _____ **Date** _____

Print Name _____

**Once you have completed this form, please save and upload to your UHC patient portal. The link to the portal can be found as a main heading on the UHC website. You will need to login to the portal using your UGA MyID and PW. Then, click "Immunization Upload" on the bottom left hand side of the screen. Click "Add Immunization Record" and upload this completed and saved document there.