NDSU STUDENT HEALTH SERVICE

DIVISION OF STUDENT AFFAIRS
NORTH DAKOTA STATE UNIVERSITY

DO NOT FILE INSURANCE REQUEST FORM

I request that my visit on _____/_____/_____ at North Dakota State University Student Health Service not be submitted to my insurance for the treatment and/or medical care I receive. I understand that it is my right to provide written request restricting certain information, and by doing so, any charges incurred at this visit will be my financial responsibility which will be posted to my student account.

By signing this form, I understand that this authorization is valid ONLY for the date listed above.

Patient/Student Signature: _____

Today's Date: _____/_____/_____

PATIENT/STUDENT INFORMATION (please print)

First Name: _____

Last Name: _____

Date of Birth: _____

Student ID#: _____