

PATIENT INFORMATION

PATIENT NAME: _____ POSITION #: _____

UF ID #: _____ DATE: _____

BILLING/PAYMENT INFORMATION

DEPARTMENT CHARTFIELD: _____ FUND: _____

PROGRAM: _____ SOURCE OF FUNDS: _____ FLEX CODE: _____

PROJECT: _____ BUDGET REF: _____ PI UF ID #: _____

FISCAL CONTACT INFORMATION

DEPARTMENT NAME: _____

CONTACT NAME: _____

EMAIL: _____ PHONE: _____

DEPARTMENTAL AGREEMENT OF PAYMENT

FISCAL/HR/PI NAME – PLEASE PRINT: _____

FISCAL/HR/PI AUTHORIZING SIGNATURE: _____ DATE: _____

IMPORTANT INFORMATION

PLEASE NOTE: The Student Health Care Center no longer accepts Pcards or Purchase Orders as payment.

Please verify that your department has available funds by running a Commitment Control report.

If the department denies payment for services, the charge will be placed on the patient's Bursar account at Criser Hall and the patient will be responsible for payment.