

AND WELLNESS

234 Glenbrook Rd., Unit 4011 Storrs, CT 06269-4011 860.486.4700 studenthealth.uconn.edu

| Department | assigned | number | fo |
|------------|-----------|--------|----|
| KES | doc refer | ence | |

| Request | |
|---------|----------|
| Number: | |
| Date: | 05/09/25 |

Interdepartmental Request for Services

Instructions:

Department - assign a request number, complete the 'financial responsibility' block and all other areas, send two copies with the student to the 'Check In'/'Registration' desk at Student Health and Wellness (SHaW) prior to obtaining services.

| Student Last Name | Student First Name | Student Middle Initial | | |
|--|--------------------------|--|--|--|
| | | | | |
| Home Address (Street, City, State & Zip) | Date of Birth (mm/dd/yy) | NetID (or Peoplesoft ID) | | |
| | | | | |
| | • | | | |
| Financial Responsibility Information | | | | |
| Dept Name | | The KFS account number is critical for proper Internal Billing. If left blank, patient will be responsible for all | | |
| U - Box | | charges. Kuali internal billing edoc will reference the | | |
| KFS Account Number | | above 'Request No.' assigned by your dept. Phone Sheyda x0741 with questions. | | |
| Approved By | | Thome cheydd xof fr mai gaedlene. | | |
| | | | | |
| Comments: | | | | |
| Check all approved services: | | | | |
| al Channe Channe | No alo | Description | | |

| √ | Service | Charge | Code | Description | |
|---|-------------------------------|--------|--|--|--|
| | Animal Handler Consult | \$80 | EXAH | medical consultation specific to Animal Handlers | |
| | DOT Drug Screen Collection | \$0 | SHS40 | | |
| | Physical Exam - Other | \$80 | Screen4 | includes clinical, study abroad, ROTC, pre-employment, Transportation, etc | |
| | SHS Screening - Level 1 | \$25 | Screen1 | review immunization compliance and other screening visits | |
| | Respirator Review | \$75 | RESP | Attach completed EH&S 'Respirator Med Eval' form (meets OSHA requirements) | |
| | PPD test | \$13 | 86580 | tuberculosis (TB) test | |
| | Titer - Measles | \$34 | 86765 | A \$16 venipuncture charge (CPT 36415) will be added to titer charge | |
| | Titer - Mumps | \$34 | A \$16 venipuncture charge (CPT 36415) will be added to titer charge | | |
| | Titer - Rabies | \$113 | 86382 | A \$16 venipuncture charge (CPT 36415) will be added to titer charge | |
| | Titer - Rubella | \$34 | 86762 | A \$16 venipuncture charge (CPT 36415) will be added to titer charge | |
| | Titer - Varicella | \$46 | 86787 | A \$16 venipuncture charge (CPT 36415) will be added to titer charge | |
| | Travel Immunizations* - Other | varies | varies | | |
| | Vaccine* - Hep A | \$83 | 90632 | price per injection - may require multiple injections | |
| | Vaccine* - Hep B | \$176 | 90739 | price per injection - may require multiple injections | |
| | Vaccine* - MMR | \$100 | 90707 | price per injection - may require multiple injections | |
| | Vaccine* - Rabies | \$335 | 90675 | price per injection - may require multiple injections | |
| | Vaccine* - Typhoid | \$90 | 90691 | price per injection - may require multiple injections | |
| | Vaccine* - Tetanus (Tdap) | \$56 | 90715 | price per injection - may require multiple injections | |
| | Vaccine* - Varicella | \$190 | 90716 | price per injection - may require multiple injections | |
| | Vaccine* - Yellow Fever | \$162 | 90717 | price per injection - may require multiple injections | |
| | Other: please specify | varies | varies | | |

| AUTHORIZED BY: | Phone: |
|----------------|--------|
| - | |

Appointments are required (except during summer) - please call 860-486-4700. Prices effective 9/18/2024 and may change without notice.

A no show fee may be assessed for an appointment missed or cancelled in less than 24 hours.

*An administering fee of \$34 (90471) for single and when applicable a \$22 (90472) per additional vaccine will be added.

SHaW Lab is open from last week in August to first week in May with exceptions for academic breaks; closed during summer.