



## Office of Academic Affairs

December 16, 2011  
Updated July 31, 2018

### **Procedures for students requesting reimbursement of medical expenses due to exposure to blood-borne pathogens or other agents as part of their academic program requirements in conjunction with VI - 11.00(A) - UMB POLICY ON PREVENTION AND MANAGEMENT OF STUDENT AND EMPLOYEE INFECTION WITH BLOOD-BORNE PATHOGENS:**

1. Under UMB Policy VI – 11.00 (A) the costs of testing, counseling and treatment for students are generally covered under the Student Health Fee. If a student chooses to be tested and receive care off campus when testing and treatment at the campus were reasonably available, UMB may not assume responsibility for costs incurred. In these instances decisions concerning UMB financial responsibility will be made by the Assistant Vice President for Fiscal and Academic Affairs, after consulting with student health officials.
2. Prior to making a UMB claim for payment or reimbursement of personal medical expenses for testing, counseling, or treatment for exposures to blood-borne pathogens, a student must first submit (personally or through the health care provider) payment claims to the student's medical and prescription insurers.
3. If student's health insurance does not cover the entire cost associated with the labs and recommended treatment, the Student must then submit a claim through the UMB Student Accident Only Insurance Plan for the remaining cost. (<http://www.umaryland.edu/media/umb/af/fs/student-accounting/2018-2019-UMB-Accident-Only-Insurance-FAQs.pdf>).
4. After any insurance proceeds have been applied to pay all or part of a cost described in paragraph 2 and 3, a student may seek payment or reimbursement of the remainder of a balance due through UMB. To assure proper credit of payment, it is recommended that the student pay the balance due to student's medical and prescription insurers and then seek reimbursement.
5. For reimbursement of expenses paid, the student must provide original receipts stating the



6. amount paid to the provider with sufficient documentation stating the services provided. The Office of Academic Affairs will submit a check request to the State Comptroller's office to reimburse the student for the remaining charges paid by the student.
7. For direct payment by UMB of outstanding medical expenses, the student must provide an Explanation of Benefits form showing the balance due, and/or an original invoice with sufficient documentation stating the services provided.
8. The student will be required to sign an *Authorization For Disclosure Of Protected Health Information* permitting disclosure of the student's PHI to personnel working for UMB who may use and disclose the information to others for the purposes related to the student's request for payment of medical expenses.

Point of Contact for the Office of Academic Affairs:

Meghan Bruce Bojo  
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Office of Academic Affairs and Graduate School  
University of Maryland, Baltimore  
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410-706-2055

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**AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION**  
University of Maryland Baltimore – Office of Academic Affairs

**AUTHORIZATION SECTION**

I, \_\_\_\_\_ (Please Print Student Name) hereby authorize:

Please Print – Health Care Provider Name, Address, Telephone Number):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To disclose the following protected health information (“PHI”) and other information that pertains to me:

**Confirmation of my report of an exposure to blood-borne pathogens or other agents on \_\_\_\_\_ [Date], and resultant testing, counseling and treatment provided to me related to that incident to document, evaluate and respond to my request for reimbursement or direct payment of medical expenses.**

This authorization permits disclosure of my PHI to personnel working for UMB who may use and disclose it to others solely for purposes related to my request for reimbursement or payment of medical expenses.

I understand and agree:

- I can get a copy of this authorization form that I have signed by sending UMB a signed request using the address at the bottom of this form.
- I am under no obligation to sign this authorization. I further understand that my ability to obtain treatment from my health care provider will not depend in any way upon my signing this authorization.
- This authorization will automatically expire one year from the date signed but expiration will not apply to information upon which UMB has taken action in reliance upon this authorization prior to its expiration.
- I may revoke this authorization at any time by signing the revocation section of my copy of this form and returning it to **University of Maryland Baltimore, Office of Academic Affairs, 620 West Lexington Street – Suite 5110, Baltimore, Maryland 21201.**
- My revocation is effective upon receipt by UMB, except to the extent that UMB has taken action in reliance upon this authorization prior to revocation.

I have read, fully understand, and agree to the conditions of this Authorization.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness (print) \_\_\_\_\_ Signature \_\_\_\_\_

<p><b><u>REVOCACTION SECTION</u></b></p> <p>I hereby revoke this authorization.</p>
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