

SHIP ACKNOWLEDGMENT FORM

Acknowledgment for Mental Health Referrals Utilizing The 2017-18 UCSD Student Health Insurance Plan (SHIP)

As a result of your recent evaluation at Counseling & Psychological Services (CAPS), we have concluded that your mental health care can be best provided using an off-campus resource.

Health insurance benefits for off-campus care are available for students enrolled in the Student Health Insurance Plan (SHIP). A written referral from CAPS is required in order to access benefits. For a Mental Health Office visit, the co-pay is \$5 for UCSD providers and \$10 for Preferred (in-network) non- UCSD providers. For out of network providers, services are subject to a \$1000 plan year deductible and the student is responsible for 40% of the charge, subject to reasonable and customary fee restrictions. For more intensive mental health services, out of pocket costs may be higher. Your CAPS psychologist and/or the Student Health Insurance Office can advise you of the benefits provided for these other services.

Your CAPS psychologist can recommend several providers from whom you may choose. Alternatively a single off-campus provider may be selected. If you prefer, you may choose a provider you know or a network provider by accessing the Anthem Blue Cross website (<https://www.anthem.com/health-insurance/provider-directory/searchcriteria>) as long as your CAPS psychologist believes that the proposed off-campus provider has suitable qualifications.

You are encouraged to contact your chosen provider(s) to discuss appointment availability. It is also suggested that you determine if the provider is willing to submit claims directly to the insurance company for payment of services rendered, which would avoid the necessity of paying for the services directly and awaiting reimbursement of plan benefits. Once you have finalized the selection of your off-campus provider, you must inform your CAPS psychologist of your choice so that we can send the written referral to that provider, subject to final approval. Your CAPS psychologist will inform you when the written referral is approved. Appointments should not be scheduled until you receive confirmation of an approved referral.

Important information about your referral:

1	A written referral is valid for 1 year, unless a shorter time frame is specified, from the date signed.	Your referral expires on:
2	It is valid only for the number of visits specified.	Visits for this referral: Services for this referral:
3	A new referral is required when a referral has expired or the specified number of visits has been expended, whichever comes first.	
4	A new referral will be required if there is a change of provider from what was initially specified.	If name of the initial provider is known at the signing of this acknowledgement, enter here (otherwise leave blank):
5	Retroactive referrals will not be provided for services rendered either prior to when the referral was written, after a referral has expired or the number of specified visits is expended.	
6	A written referral does not guarantee benefits or coverage.	

For further questions regarding your health plan benefits, please review the SHIP plan summary and brochure, available on line at <http://www.ucop.edu/ucship/campuses/san-diego/index.html>, or contact the Student Health Insurance office at 858-534-2124.

PROVISION OF TREATMENT INFORMATION TO YOUR OFF-CAMPUS PROVIDER:

You may select a provider in a meeting with the referring CAPS psychologist or communicate your final off-campus provider selection to the CAPS psychologist at a later date. We will send the written referral which will allow for insurance consideration and communicate case information that may be beneficial to your treatment with your selected off-campus provider. We will only provide that information after you have advised us, either at the initial meeting, or subsequently, of your selection. If additional mental health care is required beyond the limits set by the initial referral, either with the same or a different provider, case information may also be disclosed for subsequent referrals.

I acknowledge that I have received, read, understand the above information and had all my questions answered to my satisfaction.

Signature:

Date of Signature: