

**Interdepartmental Recharge /
Authorization
For UCI SHC MEDICAL SERVICES**

**To Set Up Your Appointment
Call (949) 824-5301**

Please complete form entirely. One form per client/patient.

Date: _____

Client/Patient Information

Client/Patient Name: _____

Reason For Visit: _____

Department Information

Department Name: _____

Department Phone: _____ **Fax:** _____

Mail/Zot Code: _____

Authorized by: _____

Signature

Print Name

General Ledger Information

Recharge Account/Fund/Sub/Object/Project Code:

_____ / _____ / ____ / ____ / _____

Mail TOEX to Zot _____ **Attn:** _____

Notes: 1. The signature above authorizes the client/patient indicated to receive medical services at the UCI Student Health Center. Furthermore the signature above authorizes the UCI Student Health Center to recharge all services, ancillary/administrative charges/fees, and charge/fee adjustments to the account-fund indicated above. 2. Recharges are processed monthly by SHC Analyst, ext.8129. Copy of journal with patient statements will be mailed to appropriate zot. 3. Recharge client/patients will not be seen without a completed authorization. Forms not completed in their entirety will result in a rescheduling of client/patient appointment. 4. A fee will be assessed for all missed appointments not cancelled in advance.