



Counseling and Health Services Eligibility and Health Bridge Program Guidelines and Agreement

Health Bridge is a program designed to allow students who are not enrolled during a particular semester receive continued care at Student Health Services (SHS) and Counseling and Psychological Services (CAPS). The Health Bridge Fee exists for non-enrolled students in recognition of the fact that enrolled FGCU students pay a mandatory Student Health Fee as part of their tuition. Care is rendered after paying a one-time Health Bridge fee of \$54. The Health Bridge Fee is paid in SHS and noted in your SHS chart; please bring the receipt to CAPS if you wish to be seen there. You may pay by cash, check, or Eagle Dollars on your FGCU ID card. **PLEASE NOTE:** Paying the Health Bridge fee does not excuse a student from paying for any other service provided by CAPS or SHS for which separate charges exist (such as medication, lab work, or other fees). The Health Bridge fee may be initiated at any time during a given semester. The fee is not prorated and must be paid in full at the first visit.

Please Indicate your Eligibility Status:

___ **Voluntary Non-Enrollment:** I completed last semester and am stopping out this semester. I intend to enroll next semester.*

___ **Voluntary Withdraw, No Refund:** I withdrew from all classes at some point last semester, and it was late enough that I did not receive a refund. I intend to enroll next semester.*

___ **Voluntary Withdraw, Refund:** I withdrew from all classes this semester early enough that I received a fee refund from FGCU (any %). I intend to enroll next semester.* I am eligible to continue receiving care at SHS and CAPS with Health Bridge payment that covers the remainder of the semester from which I withdrew.

Proof of future enrollment is not necessary, but if future enrollment is **not anticipated, it is generally better to establish treatment in the community as soon as possible.*

___ **FGCU Graduate:** I have just graduated. I am eligible for Health Bridge because I have shown proof of acceptance to and enrollment in an FGCU graduate program.

Involuntary Withdraw: I was involuntarily withdrawn from FGCU. I am eligible to see a provider at CAPS or SHS for a final appointment and referral, but not for enrollment in Health Bridge.

Suspension/Expulsion: I was suspended or expelled from the university and am not eligible to continue with any service. I may *call* SHS or CAPS for referral information. I am not eligible for SHS or CAPS services until I am allowed to reenroll.

A student not enrolled at FGCU after the semester of Health Bridge coverage will need to receive services from a community health provider. Referrals will be provided upon request.

I have read and agree to the above guidelines for the Health Bridge Program.

Patient Printed Name: _____

UIN: _____

Signature: _____

Date: _____

Employee Signature: _____

Date: _____