

# Using the OU Student Health Centers and the Referral Process

The Student Health Insurance Plan provides benefits for Covered Medical Care provided by the Student Health Center and other medical service providers. To get the greatest benefit from your medical plan, it is important to understand how this plan works and when to use each kind of provider.



When medical care is needed the member should start by going to their home campus Student Health Center (SHC). If the SHC cannot provide the services needed, they will refer the member to another provider. Claims are paid based on where the member receives services and whether or not a referral is on file for that service.

## Student Health Centers

### **Goddard Health Center:**

620 Elm Avenue  
Norman, OK  
(405) 325-4441

### **Schusterman Center Clinic:**

4444 East 41st Street  
Suite 3501  
Tulsa, OK  
(918) 619-4565

### **OU Physicians Student Health & Wellness Clinic:**

825 North East 10th Street  
Oklahoma City, OK  
(405) 271-2577

If a member needs to seek care because they are either geographically not in a position to seek care first at their student health center or because their offices are not open, the student should seek care from a contracting BCBS PPO provider. Following treatment the student would need to contact the Student Health Center within 48 hours so referral authorization (when necessary) can be obtained or follow up care can be arranged.

***Care not authorized by the students Student Health Center will be paid at the non-network level of benefits.***

### **Do I Always Need a Referral?**

There are certain services that do not require a referral authorization. The chart on the next page lists some commonly used services and indicates whether or not you need a referral at your campus. Remember, while a formal referral is not required for these services, care must be directed to a BCBS PPO contracting provider.

**CONTINUE ON REVERSE SIDE →**

# Using the OU Student Health Centers and the Referral Process

## Do I Always Need a Referral?

Service Type	Norman Campus	Tulsa Campus	OKC Health Science Center
	X - referral is not required		
Behavioral Health Care & Behavioral Health Counseling	X	X	X
OB/Gyn (any service)	X	X	X
Routine/well baby/sick baby care up to age 6	X	X	X
Dependent Child care up to age 19		X	
Medically Necessary Routine Lab or x-ray (including mammography)	X	X	X
Medically necessary MRI/CT Scans	X	X	X
PCP to Specialist		*	
Specialist to Specialist		X	
Emergency Room ( <i>Emergency Treatment for Emergency Services</i> )	X	X	X
In Patient Hospitalization	X	X	X
Out Patient Surgery	X	X	X

(This is not an all inclusive list, call your Student Health Center for individual questions)

### \*Tulsa

The Tulsa student health center (SHC) is staffed by a nurse practitioner (NP) who by the nature of her licensing is limited in the level of care that can be provided. The NP may often refer to a PCP (Family Medicine, Pediatrician, or Internal Medicine). **If a student is referred to a PCP, subsequent Specialty care (for the same or similar diagnosis) will not require referrals.**

- **Preferred Providers:** The Preferred Provider Organization (PPO) is a network of Doctors, Hospitals and other health care providers who have agreed to provide medical care to members of the Student Health Insurance Plan at discounted rates. The Student Health Insurance Plan pays a greater percentage of Covered Medical Care when you use Network Provider Doctors and Hospitals than it pays for Out-of-Network Doctors. To receive the PPO benefit level, you must first receive a valid written referral from the Student Health Center. If you are admitted to a PPO Hospital, please be aware that not all of the Doctors at that Hospital are necessarily part of the PPO. Whenever you receive a referral to any provider, it is your responsibility to verify that the provider is part of the PPO.
- **Out-of-Network Providers:** You should generally use only the Student Health Center or PPO Network Providers. If you use Out-of-Network Providers you will have limited coverage, and the plan will pay a lower percentage of the cost of Covered Medical Care. If your provider's charges are more than the Allowable Charge, you must pay 100% of any charges that exceed the Allowable Charge.