

**STUDENT SPOUSE AND/OR DOMESTIC PARTNER ELIGIBILITY POLICY**

Watkins Health Services (WHS) primarily exists to provide healthcare to currently enrolled students of The University of Kansas. Spouses and/or domestic partners (who are not enrolled) are eligible for the same services as currently enrolled students. In order for these non-students to be seen by our providers, the following protocol must be followed:

1. The student must accompany the spouse/domestic partner on the initial visit AND both must go to the WHS Business Office to complete this form for the official record.
2. The student must accept financial responsibility for all services provided to the spouse/domestic partner by using the Guarantor Form (below).
3. The services for the spouse/domestic partner will be charged at our Non-Health Fee rates.

Additional information about eligibility for services is available at: <http://studenthealth.ku.edu/about>

**GUARANTOR FORM**

**GUARANTOR STUDENT'S PRINTED NAME:** \_\_\_\_\_ **KU ID#** \_\_\_\_\_

**SPOUSE / DOMESTIC PARTNER'S PRINTED NAME:** \_\_\_\_\_

I hereby agree to assume all financial responsibility for charges incurred as the result of my spouse's/domestic partner's treatment at WHS until I give WHS written revocation notification of this financial responsibility. I authorize the University of Kansas to withhold my student records, enrollment, and/or academic transcript if charges for services rendered to my spouse/domestic partner are billed but not paid.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REVOCAION OF FINANCIAL RESPONSIBILITY BY GUARANTOR STUDENT.** (This serves as written notification)

I hereby revoke the above agreement to assume financial responsibility for **future** charges incurred as a result of the treatment provided. I understand that I am still responsible for any charges incurred prior to this revocation.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_