



**SULLIVAN**  
COUNTY COMMUNITY COLLEGE  
S · U · N · Y

Student Health Services  
112 College Road  
Loch Sheldrake, NY 12759  
Tel: 845-434-5750 ext. 4247  
Fax: 845-434-3628

### WAIVER OF MEDICAL PROGRAM

Name of Student \_\_\_\_\_

Home address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone (H): \_\_\_\_\_ Cell: \_\_\_\_\_

I have private health insurance and wish to opt out of the program. I am fully aware that private health insurance is not accepted as payment for services provided by our health care providers (MD/FNP).

I understand that by waiving access to the medical program I cannot use health services at SUNY Sullivan. I am therefore responsible for my own medical needs and must procure those services at an off-campus site. If I am provided medical services by a campus professional, I will be billed for these services and that my private insurance is not acceptable for payment.

Student ID# \_\_\_\_\_

Date: \_\_\_\_\_

Student signature: \_\_\_\_\_

Please return this form to Student Billing within **30 days of the start of the semester**. You must complete one every semester and submit insurance verification.