



## Dartmouth College Health Service

5 - 7 Rope Ferry Road, Hanover, NH 03755

Attention: Patient Accounts

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### Health Service Spouse & Domestic Partner Primary Care Program Application

The Dartmouth College Health Service welcomes spouses and domestic partners of active Dartmouth students to enroll into the Spouse & Domestic Partner Primary Care Program.

This program provides access to all Health Service services, except the Counseling Center which offers spouses and domestic partners a courtesy visit so they may be referred to a community therapist.

Spouses and domestic partners enrolled in this program are subject to the same fee for services schedules as active students. Fee for service information can be found on the Patient Accounts webpage located at <https://students.dartmouth.edu/health-service/fees-insurance/patient-accounts>.

This program has a fee of **\$420.00** per year for those enrolled in the Dartmouth Student Group Health Plan (DSGHP) Dependent plan, and a **\$615.00** per term fee for those not enrolled in the DSGHP. Proof of insurance that meets Dartmouth insurance requirements is also required for those not enrolled in DSGHP.

#### Student Information

Name: \_\_\_\_\_ Class: \_\_\_\_\_ DID #: \_\_\_\_\_

#### Spouse or Domestic Partner Information

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relation to Student: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ If you were ever a Dartmouth student, what class were you? \_\_\_\_\_

Insurance Plan: \_\_\_\_\_ Subscriber: \_\_\_\_\_

Claim Address: \_\_\_\_\_ Member #: \_\_\_\_\_

Please enroll my spouse or domestic partner into the Health Service Spouse & Domestic Partner Primary Care Program for the terms indicated below. I authorize the fee of **\$615.00** per term be charged to my student tuition account. I understand that if my spouse or domestic partner's insurance coverage does not meet Dartmouth's insurance requirement this application will be denied.

Fall: \_\_\_\_\_ Winter: \_\_\_\_\_ Spring: \_\_\_\_\_ Summer: \_\_\_\_\_

Signature of Active Student (Required) \_\_\_\_\_ Date Signed \_\_\_\_\_

Signature of Spouse or Domestic Partner (Required) \_\_\_\_\_ Date Signed \_\_\_\_\_

To Be Completed By Patient Accounts Office

**System**  
Updated By: \_\_\_\_\_ Date: \_\_\_\_\_ Effective: \_\_\_\_\_

**Billing**  
Billed By: \_\_\_\_\_ Date: \_\_\_\_\_ Batch: \_\_\_\_\_