LSUHSC – OPTIONAL FEE CHECKLIST ACADEMIC YEAR 2023/2024

NAM	IE:				
SCH(OOL/LEVEL:				
	LID #:				
SELE	ECT INCOMING SEMESTER:	Summer '23	Fall '23	Spring '24	Summer '24
fees tl stude	d below are optional fees that student hat apply. Prices below reflect incom ents who enroll during the Spring & S rdingly.	ing Fall semeste	r & continuin	g student price	
	STUDENT	HEALTH INS	URANCE		
Accid	h insurance coverage is an LSUHSC re lent and Sickness Plan form. The Need nent required if a student is stuck by a n	lle Stick fee is an	insurance poli		
	Health Insurance Plan – \$3,216.36 Semi-Annual Premium – I agree to purchase the health insurance offered by LSUHSC. (Includes needle stick coverage).				
	Needle Stick Fee – \$16.54 Semi-Annual Premium – I have personal health insurance. I understand that I am required to purchase the Needle Stick fee and provide proof of major medical health insurance coverage comparable to the health insurance offered by LSUHSC. (copy of front and back of insurance card sufficient proof) Note: We do not accept Medi-Share type plans as proof of health insurance.				
	STUD	DENT PARKIN	G		
\square	Parking Gate Card – \$25 (refundab)	le deposit)			

Commuter Parking Permit – \$125 annually (must have gate card with permit)

Residence Hall Parking Permit – \$155 annually(must have gate card with permit) Located:1900 Perdido St.

SIGNATURE:

DATE:

FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE

Submit registration packet to: Bursar Operations 433 Bolivar St., Room 144 New Orleans, LA 70112 E-Mail: <u>nobursar@lsuhsc.edu</u>