

## Third Party Authorization for Billing

### 1. Student Information

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

Indicate the institution you attend:

Bon Secours Memorial College of Nursing (BSMCON)

Bon Secours St. Mary's Hospital School of Medical Imaging (SOMI)

Southside College of Health Sciences (SCHS)

### 2. Funding Organization / Agency Information

Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

### 3. Funding Information

Dollar Amount: \_\_\_\_\_ Account #: \_\_\_\_\_

Should student grants be applied PRIOR to your agency funding? Circle answer: YES NO

#### 4. Statement of Understanding

In accordance with policy ADM 4.04 I understand that I must attach a copy of my sponsorship award letter to this document in order for the Bursar's Office to bill my third party sponsor. I also understand that signing this Third Party Authorization for Payment does not relieve me of any financial responsibility to Bon Secours Memorial College of Nursing/Bon Secours St Mary's School of Medical Imaging/Southside College of Health Sciences since I am ultimately responsible for my entire student account balance.

If the Bursar's Office does not receive payment from my third party sponsor by the end of the applicable term, I understand I will be responsible for the unpaid balance. Any unpaid balance will cause my account to be placed on hold and will prevent me from registering for subsequent terms and/or receiving a diploma and transcript.

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