

**Thagard Student Health Center
Third Party / Agency Billing Agreement**

Student's Name _____ Student's SSN or 999# _____
Student's Email _____ Student's Phone _____

By signing this form I have read, understood, and agree to Thagard Student Health Center policies:

Student's Signature _____

Student Health Insurance Coverage Dates: ___ Fall Semester ___ Spring/Summer ___ Annual

Name of Agency billed for insurance**: _____

Contact name and telephone: _____

Address of Agency**: _____

****Copy of Financial Sponsor's award letter and billing instructions is required to be submitted with this form.**

Copy of Student Requirements given to student on: _____

I. Payment Arrangements

The Thagard Student Health Center administers billing for insurance under the specific group insurance plan offered through the Thagard Student Health Center for a given semester. Thagard will not administer billing for any another insurance plan. This service is provided as a convenience for the student and may be withdrawn at any time, in which case the student will be required to pay for their own insurance and seek reimbursement from their financial sponsor. Please be advised that you should check with the Thagard Student Health Center each billing year regarding current billing policies and procedures.

Payment from the financial sponsor must be received no later than the end of the current semester or a hold will be placed on class registration for the following semester. This office does not bill for tuition and fees. A separate form is required to be submitted to Student Financial Services for these charges.

II. Eligibility

- A. An Agent can be a government agency, non-profit association, or corporation. An Agent cannot be an individual, sole proprietorship or partnership.
- B. All payments must be made in U.S. dollars and drawn from a U.S. bank.
- C. All correspondence must be in English.
- D. Accounts with payments which are returned by the bank will be assessed a return check fee and may not be allowed future billing arrangements. In which case, the student will be liable for insurance charges and will need to seek reimbursement from their financial sponsor.
- E. Agencies that originally agree to pay for a student's insurance and notify FSU after the fifth day of the semester that insurance will not be paid will cause a class registration hold on the student's account until insurance is paid and the agency may not be allowed future billing arrangements.
- F. Agencies are required to provide the name and social security number and amount for each student with each payment sent to the Thagard Student Health Center.
- G. The Agent and student are responsible for notifying the Thagard Student Health Center of the correct billing address and contact person.
- H. Students with Agency payments that are contingent upon grade(s) received are not eligible for direct agency billing and insurance must be paid directly by the student.

III. Payments

Payments are to be made by the Agency within 60 days of billing notice to:

Attn: Terri Sanders
Thagard Student Health Center
Florida State University
Tallahassee, FL 32306-2140

FAX or email payment details, including names, SSNs and amounts of payments to the attention of Terri Sanders:
FAX: (850) 644-1491 or E-mail: tsanders@admin.fsu.edu

Received by FSU representative: _____ Date: _____ Agency Code _____

IV. Florida State University Agency Billing: Student Requirements

- A.** The student is financially responsible for ALL insurance fees if their sponsor fails to provide payment.
 - B.** The student is required to be covered by insurance for a 52 week period, unless the student can show that they have applied for graduation.
 - C.** The student is required to complete an Agency Billing form and submit it no later than the fifth day of EACH semester. Agency Billing forms are available on the Internet at:
www.tshc.fsu.edu/support_services/insurance_office
- or at the Thagard Student Health Center at:
1st floor, Insurance Office, Room 139, Thagard Student Health Center, FSU
- D.** A letter of authorization, voucher or government form from the Agency must accompany the Agency Billing form and be submitted to the Thagard Student Health Center no later than the fifth day of the semester.
 - E.** Accounts not paid by the end of a semester cause a class registration hold to be placed on the student's account. Accounts not paid in full by the end of the semester may hold up a student's progress academically. These students may not be able to register for classes for the next semester or future semesters, nor will they receive grades or transcripts or diplomas, or obtain access to FSU services, including health and recreation services, and other services provided for paying students. International Students required to enroll in a full course of study will have immigration implications of not enrolling in a full course of study each semester.
 - F.** Accounts not paid by the Agency within two semesters will have a financial delinquency hold placed on the account, the billing will be cancelled and students may not be allowed to submit Agency Billing forms for future insurance charges. In this case, insurance fees become immediately due in full by the student.
 - G.** FSU recommends that the student give a copy of the completed Agency Billing form and this description of requirements to their agency.
 - H.** Refunds are not given for insurance charges in any circumstances.