

ZHI | ZANDU HEALTH INITIATIVE

10800 Lyndale Avenue South, Bloomington, MN 55420

www.zanduhealthinitiative.org

Phone: 952-479-0172

Adopted | 05022016

Handcrafted by ZHI

THIRD PARTY PAYMENT BILLING FORM

Mailing Address | School Contact Information ZANDU HEALTH INITIATIVE

Attn: Third Party Payment/ Business Office

10800 Lyndale Avenue South, Bloomington, MN 55420

Email: Steve.Mandieka@zanduhealthinitiative.org

Phone: [952.479.0172](tel:952.479.0172) Fax: [952.516.5393](tel:952.516.5393)

INSTRUCTIONS: PLEASE WRITE LEGIBLY IN BLACK INK. NOTE: You MUST complete ALL the sections. Date _____
Failure to answer all questions may delay processing of your application.

STUDENT INFORMATION

First Name	Middle Name	Last Name	Former Name
Telephone (mobile)	Telephone (home)	Email Address	
Home Street Address			Apartment/Unit Number
City	State	Zip Code	County

FUNDING ORGANIZATION/AGENCY INFORMATION

Organization	Student Case Number or Name		
Contact Name	Contact Job Title		
Contact Phone#	Contact Email		
Office Street Address			Suite#
City	State	Zip Code	
State Tax Exemption (if applicable)		Federal ID# (if applicable)	
Authorized Signature		Date	

FUNDING

Should student financial aid/scholarship be applied PRIOR to your agency funding? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Term covered for funding	Funding Expiration Date

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If authorizing 100%, please check appropriate box:

Funding Items	<input type="checkbox"/>	Specify dollar amount below:
Tuition & Fees	<input type="checkbox"/>	
Required Books/Materials	<input type="checkbox"/>	
School Supplies	<input type="checkbox"/>	
Application Fee	<input type="checkbox"/>	
Continuing Education	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

STUDENT RELEASE

I, undersigned, hereby authorize Zandu Health Initiative to disclose any necessary educational data/information related to receiving funding from the above agency/organization. I understand that the records information related to receiving funding may contain data that is classified as private under the Minnesota Data Practices Act, Chapter 13 and/or the Federal Family Education Rights and Privacy Act. I understand by signing the Informed Consent Form that I am authorizing Zandu Health Initiative to release or receive information that would otherwise be private and not accessible to them. I understand that without my consent, such information could not be released. This consent expires upon completion of agency funding, or after one year, whichever comes first. I am giving this consent freely and voluntarily, and I understand the consequences of giving my consent.

Signature

Date

DATA PRIVACY NOTICE

Zandu Health Initiative (ZHI) is asking you to provide information that includes private and/or confidential information under the state and federal law. ZHI is asking for this information in order to process your third-party funding.

You are not legally required to provide the information the college is requesting; however, the College will not be able to process your funding. With some exceptions, unless you consent to further release of private information, access to this information will be limited to business office officials. Under certain circumstances, federal and state laws authorize release of private information without your consent.

- to federal, state and local officials for purposes of program compliance, audit or evaluation
- to your parents, if your parents claim you as a dependent student for tax purposes;
- if the information is sought with a subpoena, court order, or otherwise permitted by other state or federal law, and
- to an organization engaged in education research or accrediting agency

Zandu Health Initiative abides by the provision of Title IX and other federal state laws forbidding discrimination on the basis of sex, race, color, national origin or disability and all the other state and federal laws regarding equal opportunity.

THIRD PARTY PAYMENT BILLING FORM

Please read the following then sign and date at the bottom acknowledging that you have read the following statement and understand Zandu Health Initiative Third Party Billing policy. A signed copy of this notice must be returned before Zandu Health Initiative will invoice your Third-Party Payer for tuition and other authorized charged.

I _____, understand Zandu Health Initiative's policy for third party billing. If my third party does not pay within last day of class prior to clinical, I will be responsible for full payment of charges. Students are ultimately responsible for all tuition, fees and book costs. Students should check with their Third-Party Payer throughout their enrollment period to verify payment and/or payments to be made. Students are also responsible for providing the correct information including initial class schedules, tuition statements, and book costs to their Third-Party Payer. Zandu Health Initiative will send an initial invoice after student registration and thereafter will send an invoice prior to clinical regarding the tuition and unrelated expenses to be paid by your Third-Party payer. If payment is not received within 3 days of the original invoice, the student will then be invoiced.

Your signature provided below will allow Zandu Health Initiative to invoice your Third-Party Payer. The signed policy will remain in effect for the time the student attends Zandu Health Initiative.

Signature

Date

Our mission simplified: Save Money. Learn More. Inspire Communities. www.zanduhealthinitiative.org