

## HARVARD MEDICAL SCHOOL 2024 – 2025 THIRD-PARTY BILLING FORM

Completed by:	Organization or institution providing financial support to the student listed below who will be attending Harvard University during the 2024-2025 academic year.				
Instructions:	This form must be accompanied by a signed third-party billing letter to authorize billing. See <u>website</u> for letter guidelines. Please return both documents to the Student Account Operations office. You can email the documents to <u>studentaccountoperations_fad@harvard.edu</u> . Information about the various fees can be found on our Required Fees <u>webpage</u> .				
Due date:	June 30, 2024 NOTE: This due date concerns financial clearance for registration only. Our office will continue to accept third-party billing forms through November for the fall term and March for the spring term.				
STUDENT NAM	E:	Last			MAT 1 II.
			First		Middle
HARVARD ID or SSN (if known):				CONTRAC	I EXPIRES:
What is the dur	ation of your co	ntract? (select one):			
□ Fall o	only program	□ Spring only	□ Fall and	d Spring	Duration of program
D Other	(please specify)	:			
☐ Stude ☐ Manc ☐ Manc ☐ Manc ☐ Parki ☐ Parki ☐ Fami ☐ Denta	latory Student He ent Health Insuran latory Educationa latory Disability Ir latory Matriculation ng * ly Health Insuran al Insurance: Indi	nce Plan (Automatically mandating co <u>Services web</u> Il Material Fee nsurance on Fee ce (if applicable) *	verage. Studen <u>site</u> if they have	ts may waive comparable,	npliance with MA state law this fee at the <u>University Health</u> US-based insurance.)
CONTACT PER	SON:				
BILLING ADDRE	ESS:				
PHONE:		EMA	IL:		

## NOTE: BILLING INVOICE WILL BE SENT VIA EMAIL AS PDF DOCUMENT

\* Course material, parking, and supplemental health insurance fees can be posted to a student's account *at any time*, sometimes several months after a term has ended. If charges are assessed later in the term, we will issue an updated invoice.