

# Student Financial Responsibility Agreement

## Payment of Fees/Promise to Pay

I understand by registering for any course or receiving any services at the MGH Institute of Health Professions (“Institute”), I hereby acknowledge and accept full responsibility for the payment of all tuition, fees, and related charges incurred. I understand and agree that such registration constitutes a binding financial obligation for educational services rendered by the Institute. I agree to remit payment of all assessed charges by the published or assigned due date, in strict accordance with applicable laws, including, but not limited to, the U.S. Bankruptcy Code (11 U.S.C. § 523(a)(8)). While the Institute may, at its discretion, defer payment of some or all charges, I remain solely responsible for the prompt payment of all tuition, fees, and associated costs.

I further acknowledge and agree that withdrawal or cancellation of any registered courses does not absolve me of my financial obligations. In accordance with this agreement and the Institute’s published tuition refund schedule, accessible at [Bursar | MGH IHP](#), I accept responsibility for payment of all or a portion of tuition and fees as determined by the refund schedule. I affirm that I have read, understand, and accept the terms and conditions of the published tuition refund schedule, which are incorporated herein by reference. Moreover, I understand that failure to attend classes or to receive billing statements does not relieve me of my financial responsibilities as set forth above.

I understand that this Agreement will remain in effect for current and future registrations at the Institute and/or receipt of services from the Institute.

## Electronic Consent

I understand that MGH Institute of Health Professions uses electronic billing as its official billing method, and therefore I am responsible for viewing my student account through IOnline and paying my balance due by the scheduled due date. I further understand that failure to review my student account does not constitute a valid reason for not paying my bill on time. Billing information is available on the Bursar webpage in the billing section.

## **IRS Form 1098-T**

I agree to provide my Social Security number (SSN) or taxpayer identification number (TIN) to the MGH Institute of Health Professions upon request as required by Internal Revenue Service (IRS) regulations for Form 1098-T reporting purposes. If I fail to provide my SSN or TIN to the Institute, I agree to pay any and all IRS fines assessed as a result of my missing SSN/TIN. I consent to receive my annual IRS Form 1098-T, Tuition Statement, electronically from the MGH Institute of Health Professions. I understand that if I do not consent to receive my Form 1098-T electronically, a paper copy will be provided. I understand that I can withdraw this Consent or request a paper copy by following the instructions using IOnline Address/Phone Change.

## **Responsibility**

I understand and agree that I am responsible for keeping my MGH Institute of Health Professions student records up to date with my current physical addresses, email addresses, and phone numbers using my IOnline account. Upon leaving the Institute for any reason, it is my responsibility to provide the Institute with updated contact information for purposes of continued communication regarding any amounts that remain due and owing to the MGH Institute of Health Professions. I authorize the MGH Institute of Health Professions and its agents and contractors to contact me at my current and any future cellular phone number(s), email address(es) or wireless device(s) regarding my delinquent student account(s)/loan(s), any other debt I owe to the Institute, or to receive general information from the Institute. I authorize the MGH Institute of Health Professions and its agents and contractors to use automated telephone dialing equipment, artificial or pre-recorded voice or text messages, and personal calls and emails, in their efforts to contact me. Furthermore, I understand that I may withdraw my consent to call my cellular phone by submitting my request in writing to the MGH Institute of Health Professions or in writing to the applicable contractor or agent contacting me on behalf of the Institute.

## **Payment Options**

MGH Institute of Health Professions partners with NelNet Campus Commerce for student payment plans that allow you to pay tuition and fees over time. For more information on payment plans offered log onto <http://mycollegepaymentplan.com/mgh-institute-ofhealthprofessions>.

### **Late Payment Charge**

I understand and agree that if I fail to pay my student account bill or any monies due and owing the MGH Institute of Health Professions by the scheduled due date, the MGH Institute of Health Professions will assess late payment fees as explained in the fee section of the tuition and fees webpage until my past due account is paid in full.

### **Financial Hold**

I understand and agree that if I fail to pay my student account bill or any monies due and owing the MGH Institute of Health Professions by the scheduled due date, the MGH Institute of Health Professions will place a financial hold on my student account, preventing me from registering for future classes or receiving my diploma. I understand that I will also lose access to D2L, preventing me from participating in classwork until my account balance is paid in full.

### **Collection Agency Fees**

I understand and accept that if I fail to pay my student account bill or any monies due and owing the MGH Institute of Health Professions by the scheduled due date and fail to make acceptable payment arrangements to bring my account current, the Institute will refer my delinquent account to a collection agency. I further understand that I am responsible for paying any collection agency fees, together with all costs and expenses, including reasonable attorney's fees, necessary for the collection of my delinquent account. Finally, I understand that my delinquent account may be reported to one or more of the national credit bureaus.

### **Privacy Rights and Responsibilities**

I understand that the MGH Institute of Health Professions is bound by the Family Educational Rights and Privacy Act (FERPA) which prohibits the Institute from releasing any information from my education record without my written permission. Therefore, I understand that if I want the Institute to share information from my education record with someone else, I must provide written permission by submitting an Authorization to Disclose Information Form

[https://mghihp.formstack.com/forms/authorization\\_to\\_disclose\\_information\\_form](https://mghihp.formstack.com/forms/authorization_to_disclose_information_form).

I further understand that I may revoke my permission at any time as instructed in the same procedure.

### **Final Acknowledgement**

I hereby acknowledge and accept full responsibility for the payment of all tuition, fees, and related charges incurred. I understand and agree that such registration constitutes a binding financial obligation for educational services rendered by the Institute. I agree to remit payment of all assessed charges by the published or assigned due date, in strict accordance with applicable laws, including, but not limited to, the U.S. Bankruptcy Code (11 U.S.C. § 523(a)(8)).

### **Entire Agreement**

This agreement supersedes all prior understandings, representations, negotiations and correspondence between the student and the MGH Institute of Health Professions, constitutes the entire agreement between the parties with respect to the matters described, and shall not be modified or affected by any course of dealing or course of performance. This agreement may be modified by the MGH Institute of Health Professions if the modification is signed by me. Any modification is specifically limited to those policies and/or terms addressed in the modification.