

Third Party Billing Authorization Form

This form must be completed and returned with your Physician Leadership College application.

You may mail, fax, email or hand deliver to:

Physician Leadership College
University of St. Thomas
Attn: PLC Program Manager
1000 LaSalle Avenue, TMH 166
Minneapolis, MN 55403

Questions?

Shateka Flowers, PLC Program Manager
Phone: (651) 962-4600
Fax: (651) 962-4610
Email: sjflowers@stthomas.edu
Website: www.stthomas.edu/physicianleadership

PLC Enrollee's Name: _____

PLC Enrollment: 2009 Cohort 2010 Cohort 2011 Cohort

Dollar amount or % of tuition to be billed to enrollee: \$ _____ or _____ % of tuition

1st Agency's Name: _____

Address: _____

City: _____ ST _____ ZIP _____

Dollar amount or % of tuition to be billed to agency: \$ _____ or _____ % of tuition

Name of a contact person: _____

Phone Number: _____ Email: _____

2nd Agency's Name: _____

Address: _____

City: _____ ST _____ ZIP _____

Dollar amount or % of tuition to be billed to agency: \$ _____ or _____ % of tuition

Name of a contact person: _____

Phone Number: _____ Email: _____

(NOTE: Dollar amounts must equal PLC's full tuition of \$25,000 or the percentages must equal 100%)

Preferred Payment Option:

Full tuition paid by September 1st

50% of tuition paid by September 1st and balance paid in full by May 1st

50% of tuition paid by September 1st and six equal monthly payments completed by May 1st

Signature: _____ Date: _____

Internal use only: BSH MMA/IC EB PA Other