



Policy Title: Financial Agreement
Functional Area: Academic/Administrative

Status: Final
Effective: June 2020
Approved by: SOM Leadership Council
Policy Contact: Director of Enrollment Services
Responsible Office: Office of Admissions and External Affairs
Last Reviewed/Updated: February 2024

Purpose: The purpose of this policy is to outline the University of the Incarnate Word (UIW) and UIW School of Osteopathic Medicine (UIWSOM) financial agreement.

Policy Statement

- 1) Students are required to sign a financial agreement prior to matriculation to UIWSOM. This agreement outlines the UIW and UIWSOM policies regarding registration, health insurance, and billing.
- 2) Primary goal
 - a) Ensure students are aware and agree to the financial obligations of registering at UIW and UIWSOM.
- 3) Participants
 - a) UIW Business Office
 - b) UIWSOM Office of Admissions and External Affairs
 - c) UIWSOM students (DO and MBS)
- 4) Resources
 - a) Adobe Sign
 - b) Cardinal Apps
 - c) ePayment Center
 - d) Banner
 - e) UIW Business Office
 - f) UIWSOM Office of Admissions and External Affairs

University of the Incarnate Word School of Osteopathic Medicine Financial Agreement

The following agreement outlines the University of the Incarnate Word (UIW) and UIW School of Osteopathic Medicine (UIWSOM) policies regarding registration, health insurance, and billing. Agreement to these terms is required prior to matriculation to UIWSOM and valid for the duration of enrollment at UIW and/or UIWSOM. For questions, please contact the UIW Business Office at (210)829-6043 or the UIWSOM Office of Admissions and External Affairs at (210)829-6998.

REGISTRATION

I understand that UIWSOM Office of Admissions and External Affairs will complete registration on my behalf according to the respective degree plan. It is my responsibility to review my registration status through Cardinal App's Banner Web Self-Service and ensure that my registration is accurate. Any

inaccuracies should be brought to the immediate attention of the UIWSOM Office of Admissions and Student Affairs.

HEALTH INSURANCE

All SOM students are automatically billed for health insurance through the university health insurance plan. Students that have comparable private insurance may submit a waiver to opt out of the university health insurance plan. No refunds for the health insurance plan will be made unless a completed waiver form has been submitted prior to the established deadline. A waiver is required each academic year to decline the university health insurance plan. Submitting proof of insurance to UIWSOM does not waive the university health insurance plan.

PAYMENT OF FEES/PROMISE TO PAY

I understand that when I am registered for any class at the University of the Incarnate Word (UIW) or receive any service from UIW, I accept full responsibility to pay all tuition, fees, fines and other associated costs assessed due to my registration and/or receipt of services. I understand and agree that my tuition bill is due on/by the first day of the semester OR I must be on a payment plan. I further understand and agree that my registration and acceptance of these terms constitutes a promissory note agreement. I promise to pay for all assessed tuition, fees and other associated costs by the published or assigned due date. I understand and agree that if I drop or withdraw from some or all of the classes for which I am registered, I will be responsible for paying all or a portion of tuition and fees in accordance with the published tuition refund schedule per Academic Calendar. I have read the terms and conditions of the published tuition refund schedule and understand those terms are incorporated herein by reference. I further understand that my failure to attend class or receive a bill does not absolve me of my financial responsibility as described above.

METHOD OF BILLING

I understand that UIW uses electronic billing (e-bill) as its official billing method, and therefore I am responsible for viewing and paying my student account e-bill by the scheduled due date. I further understand that failure to review my ebill does not constitute a valid reason for not paying my bill on time. E-bill and payment plan information is available through Cardinal App's ePayment Center.

BILLING ERRORS

I understand that administrative, clerical or technical billing errors do not absolve me of my financial responsibility to pay the correct amount of tuition, fees and other associated financial obligations assessed due to my registration at UIW.

RETURNED PAYMENTS/FAILED PAYMENT AGREEMENTS

I understand and agree that a \$50 insufficient fund (NSF) charge will be assessed to my student account for any payment (check, ACH) returned by my bank unpaid. I understand that multiple returned payments and/or failure to comply with the terms of any payment plan or agreement I sign with UIW will result in the suspension of my ability to submit future payments via ACH or checks and future registration with UIW.

WITHDRAWAL

I understand and agree to follow the instructions at [Withdrawing from the University](#), if I withdraw from UIW.

PRIVACY RIGHTS & RESPONSIBILITIES

I understand the Family Educational Rights and Privacy Act (FERPA) prohibits UIW from releasing any information from my financial and/or education record without my written permission. Therefore, I understand and agree that if I want UIW to share information from my financial and/or education record with someone else, I must provide written permission by following the procedure outlined at FERPA. I further understand that I may revoke my permission at any time as instructed in the same procedure.

IRS FORM 1098-T

I agree to provide my Social Security number (SSN) or taxpayer identification number (TIN) to UIW 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 UIW, I agree to pay 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 UIW. 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 at [1098T](#).

DELINQUENT ACCOUNT/COLLECTION

Financial Hold: I understand and agree that if I fail to pay my student account bill or any monies due and owing UIW by the scheduled due date, UIW will place a financial hold on my student account, preventing me from registering for future classes, requesting transcripts, receiving my diploma or participating in any graduation activities (commencement).

Late Payment Charge: I understand and agree that if I fail to pay my student account bill (due on the first day of the respective semester) OR sign up for a payment plan by the scheduled due date, UIW will assess late payment fee (\$75 per month) on the past due portion of my student account until my past due account 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 UIW by the scheduled due date and fail to make acceptable payment arrangements to bring my account current, UIW may refer my delinquent account to a collection agency. I further understand that I am responsible for paying the collection agency fee (up to 33.33%) of my delinquent account balance, 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 will be reported to one or more of the national credit bureaus.

COMMUNICATION

Method of Communication: I understand and agree that UIW uses e-mail as an official method of communication with me, and that therefore I am responsible for reading the e-mails I receive from UIW on a timely basis.

Contact: I authorize UIW 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 UIW, or to receive general information from UIW. I authorize UIW 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 UIW Business Office or in writing to the applicable contractor or agent contacting me on behalf of UIW.

Updating Contact Information: I understand and agree that I am responsible for keeping UIW records up to date with my current physical addresses, email addresses, and phone numbers by following the procedure at UIW website for updating student address/email address/phone number. I understand and agree to provide UIW with updated contact information for purposes of continued communication regarding any amounts that remain due and owing to UIW.

ENTIRE AGREEMENT

This agreement supersedes all prior understandings, representations, negotiations and correspondence between the student and UIW, 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 UIW if I sign the modification. Any modification is specifically limited to those policies and/or terms addressed in the modification.

By signing below, I agree to the terms described in this agreement.

Signature: _____ Date: _____

Name: _____ Student ID (if known): _____

SOM Program: _____

Personal or UIW Email Address: _____