Reading Hospital School of Health Science
Payment Plan Option (PPO)

As a student of the Reading Hospital School of Health Sciences (RHSHS) you may take advantage of our no interest, no fee Payment Plan Option (PPO) to assist you with your tuition. The Payment Plan Option offers an alternative to making a large lump sum payment each semester and budget your costs over monthly installments. For the current billing period there will be a total of 4 payments including the initial deposit (*minimum 25% of account balance*). The remaining balance will be spread out over 3 equal payments.

***12/13 Summer Semester PPO must be received by the Student Accounts Office with your initial deposit no later than April 22, 2013.**

If you would like to participate in the Payment Plan Option please fill out the information below and drop this form off at the Student Accounts Office with your initial deposit or mail to RHSHS, Student Accounts Office, PO Box 16052, Reading, PA 19612-6052.

Student Name _____ Student ID# _____ Program _____

Street Address _____ City _____ State _____ Zip _____

Enter your 12/13 Summer Semester Expected Balance:		$
Monthly Installment Due Dates		**Monthly Amount *(Balance ÷ 4)***
Initial Deposit *(min. 25% of balance)*	4/22/2013	
Payment #2	5/15/2013	
Payment #3	6/07/2013	
Payment #4	6/28/2013	

I, the undersigned hereby apply for enrollment in the RHSHS Payment Plan Option. I understand that as an enrollee in the plan, I will be entitled to the benefits provided by the plan and will be required to comply with the terms and conditions of the plan as explained to me and as set forth in this form, including the monthly installments. I understand and intend that this application will constitute a legally binding agreement.

Student Signature *(student must sign form)* _____ Date _____

PPO Terms and Conditions

1. Enrollment: Payment Plans are available to all full time and part time students. Enrollment in the PPO occurs when the participant completes, signs and mails, or delivers the application to the Student Accounts Office along with the first installment payment.

2. Payments: Tuition charges are payable in four equal installments (*initial deposit due 1 week before classes start plus 3 monthly installments.*)

Acceptable forms of payment include check, money order, cash, all major credit cards, and are accepted at the Student Accounts Office or send to:

RHSHS
Student Accounts Office
PO Box 16052
Reading, PA 19612-6052

Checks and Money Orders should be made payable to: *RHSHS*

Credit cards are accepted at the Student Accounts Office or by calling (484) 628-0102.

3. Failure to Pay: A late charge of $25.00 and a financial "freeze" will be applied to any student's account if payment is not received by the due date. Late charges will be added to the students' account on the 1st day of the following month. Past due amounts plus late charges must be paid within 10 days. Failure to comply will result in the termination of the PPO and the full amount due immediately. A student, who has voluntarily withdrawn from school, is suspended, terminated, on a Leave of Absence (LOA) or Stop-out does not release the signee from this agreement and will be responsible for amounts owed to the school with the full amount due immediately. The RHSHS may take actions with respect to the participant or the student for whom amounts are budgeted including but not limited to suspension, termination or other sanctions.

***If your account becomes delinquent, the RHSHS, in addition to assessing late fees and placing a financial "freeze", can prohibit students from:**

- Registering for future classes
- Attending class
- Receiving grade reports, transcripts, or diploma
- Continuing in the program
- Graduating

4. Credit Card Payments: Credit/Debit cards can be used to pay a student's tuition or other school related charges each semester by filling out a "Credit Card Payment Release Form". Maintaining your credit card on file will ensure a student will not be charged a late fee and can be used to establish automatic payments for a student's payment plan account.

5. Fees and Other Charges: There is no application fee to use this PPO. A $35 service charge will be assessed for checks returned by the bank for insufficient funds or uncollectible for any other reason.

6. Waivers: Failure to enforce the terms of this agreement will not result in the waiver of any obligations by the participant or right of the Reading Hospital School of Health Sciences.

**** The Reading Hospital School of Health Sciences reserves the right to change or terminate this notice at any time.***

PPO Credit Card Payment Release Form

If you would like to use a credit card to pay your school tuition, please fill out the information below and we will keep it on file and use it to make your monthly payments.

STUDENT NAME:	**STUDENT ID#:**
CREDIT CARD NUMBER: - - -	
CARDHOLDER NAME:	
BILLING ADDRESS:	**STREET:** _____ _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____
EXP. DATE:	**SECURITY CODE (3 Digit CV#):**

I, the undersigned, authorize the RHSHS to charge my credit card to pay the above listed students' payment plan installments. I also agree, in the event the student listed above leaves the RHSHS for any reason and there remains an outstanding balance due on their account with the RHSHS, I authorize the school to use the listed credit card on file to pay the remaining balance in full at the time of withdrawal.

CARDHOLDER SIGNATURE: _____

When complete return original signed form to the Student Accounts Office or mail to:

RHSHS
Student Accounts Office
PO Box 16052
Reading, PA 19612-6052