



2017 Professional Medical Coding Curriculum (PMCC)
AAPC Approved and Licensed PMCC Instructor

WWW.CPCEXAMPREP.COM

"Taking Your Coding Career to the Next Level"

WHEN

Monday night- First class scheduled for September 11th, 2017 (6:00 PM – 8:30 PM)

CLASS LOCATION

Columbia University Medical Center Area
EDGE HOTEL
(Conference Room)
514 West 168th Street
New York, New York 10032

INSTRUCTOR INFORMATION

Damaris Ramirez, MS, CPC, CPB, CPC-H, CPC-I, CPMA
1625 Lemoine Ave, Suite #206
Fort Lee, New Jersey 07024
Tel: 201-355-6141
WWW.CPCEXAMPREP.COM

COST: \$1900.00

The program includes:

- 14 weeks (80 hours) of classroom/homework instruction
- Professional Medical Coding Curriculum (PMCC) Course book

\$450.00 Deposit required to hold your place in class.

Payments can be made by cash, certified checks or money order payable to: **THE HEALTHCARE NETWORK**
Payment can also be made by credit card through **PAYPAL**. An online **PAYPAL** account is not required.

NOT INCLUDED IN COST

Coding books not included but required for course:

- CPT 2017 (AMA Professional Edition)
- ICD-10-CM 2017 (expert editions are allowed)
- HCPCS 2017 (expert editions are allowed)

CPC Exam fee:

- \$90 AAPC Membership
- \$290 (student fee- payable to AAPC)

CLASS SIZE

LIMITED TO 12 STUDENTS PER CLASS

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STUDENT ENROLLMENT AGREEMENT

Please print clearly

STUDENT NAME _____

EMPLOYER _____

ADDRESS HOME _____

AAPC Membership: No Yes, Membership #: _____

CONTACT TEL: _____

EMAIL ADDRESS: _____

HOW DID YOU HEAR ABOUT US? _____

Optional: In case of emergency contact person name and telephone number:

Are there any health related illnesses we should be made aware of?

Experience in healthcare field:

- None
- Yes, but not in billing. Specify-(_____)
- Yes. Please indicate years of experience (____) and Specialty (_____)

PAYMENT OPTIONS: **Monday #CEPCNY0917**

- Option A: Registration - Payment in FULL \$1,900.00**
- Option B: Registration- WITH PAYMENT PLAN \$1,995.00**
(\$95 additional for administration fee of payment plan)

You must pre-register (\$450 non-refundable deposit) to reserve a seat at www.cpcexamprep.com

Payment Type: Cash Money Order Certified Checks
 Credit Card (**PAYPAL ONLY**)*

*For PayPal you will receive an invoice from the instructor.



Make all checks payable to: THE HEALTHCARE NETWORK

Signature of Applicant**

**Signature required on all enrollment forms.

Date

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CLASS POLICIES- PAYMENTS AND REFUNDS

THE HEALTHCARE NETWORK agrees to provide the occupational training in accordance with the AAPC curriculum. The student and CPC Exam Prep understand that this enrollment agreement and class policies, may not be amended except in writing and signed by both parties.

Admission Policy

THE HEALTHCARE NETWORK does not discriminate on the basis of sex, ethnicity, religion, age, disability, or natural origin in admission, access, in its program. Applicants must be 18 years of age or older at the start of the program.

Payment Policies

***Missed payments are assessed a \$35.00 late fee per payment missed. Each additional seven days is assessed an additional \$20 late fee.**

Payment Plan 2017

Option B: Installment payment plan is as follows:
Registration =\$450.00 (Includes \$95.00 Processing Fee)

Payment 1 (Sept. 14)	=\$257.50
Payment 2 (Sept. 28)	=\$257.50
Payment 3 (Oct. 12)	=\$257.50
Payment 4 (Oct. 26)	=\$257.50
Payment 5 (Nov. 9)	=\$257.50
Payment 6 (Nov. 16)	=\$257.50

Payment Plan Total=\$1,995.00

Refunds and Cancellation Policy

A full refund will be made if request is done in writing prior to the first day of class.

Once the course books are paid (\$100 value) to the AAPC that amount plus a non-refundable administrative fee (\$100) will be deducted from the refund. **No refunds will be made after the first day of class.** If student withdraws from class after the first day, they will be allowed to register for the next available class. In the event that CPC Exam Prep cancels the course for any reason, a full refund will be made to the student.

All refunds will be made no later than thirty (30) days after cancellation or withdrawal.

Copyright

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Returned Checks

Any business checks returned for insufficient funds will be assessed a fee of an additional \$30.00

I agree with the above terms and conditions

Date

****Note: Please check with your employer or union for possible continuing education allowances.**