

2018 Professional Medical Coding Curriculum (PMCC) AAPC Approved and Licensed PMCC Instructor

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"Taking Your Coding Career to the Next Level"

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Thursday night- First class scheduled for September 13, 2018 (6:00 PM – 8:30 PM)

CLASS LOCATION

THE HEALTHCARE NETWORK TRAINING CENTER

1625 LEMOINE AVE, CONFERENCE ROOM FORT LEE, NJ 07024 (PARKING is across the street in front of school)

INSTRUCTOR INFORMATION

Damaris Ramirez, MS, CPC, CPB, CPC-H, CPC-I, CPMA 1625 Lemoine Avenue Avenue, Suite #207 Fort Lee, New Jersey 07024

Tel: 201-355-6141

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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 2018 (AMA Professional Edition)
- ICD-10-CM 2018 (expert editions are allowed)
- HCPCS 2018 (expert editions are allowed)

CPC Exam fee:

- \$90 (AAPC Membership)
- \$300 (student fee- payable to AAPC)

CLASS SIZE

2018 CPC EXAM PREP

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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: Thursday #CEPCNJ0918 |
| Option A: Early Registration - Payment in FULL \$1,900.00 (Full payment due by September 13, 2018) |
| □ 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 |

2018 CPC EXAM PREP

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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 2018

Option B: Installment payment plan is as follows:

Registration =\$450.00 (Includes \$95.00 Processing Fee)

Payment 1(SEPT. 20) =\$257.50 Payment 2(OCT. 4) =\$257.50=\$257.50 Payment 3(OCT. 18) =\$257.50 Payment 4(NOV. 1) Payment 5(NOV. 15) =\$257.50 Payment 6(NOV. 29) =\$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

Textbooks, handouts and visual aids are the sole property of THE HEALTHCARE NETWORK. Copying, distributing or duplicating any of this information is prohibited without prior written consent.

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.