



CPC EXAM PREP

2020 Professional Medical Coding Curriculum (PMCC)

AAPC Approved and Licensed PMCC Instructor

WWW.CPCEXAMPREP.COM

"Taking Your Coding Career to the Next Level"

WHEN

Saturday Morning- First class scheduled for September 19, 2020 (8:30 AM – 11:30 AM)

CLASS LOCATION

LIVE VIRTUAL CLASS
Via Zoom

INSTRUCTOR INFORMATION

Damaris Ramirez, MS, CPC, CPB, CRC, CPC-H, CPC-I, CPCO, CPMA

1625 Lemoine Avenue, STE 207

Fort Lee, NJ 07024

CELL: 201-355-6141

EMAIL: damaris@healthcarenetworkinc.com

Course Website: WWW.CPCEXAMPREP.COM

CLASS COST **\$1,700.00**

The program includes:

- 12 weeks of classroom instruction
- Professional Medical Coding Curriculum (PMCC) Course book

\$350.00 Deposit required to hold your place in class.

-Payments can be MONEY ORDER, CERTIFIED BANK CHECK payable to: **THE HEALTHCARE NETWORK**
OR

-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 2020 (AMA Professional Edition)
- ICD-10-CM 2020 (expert editions are allowed)
- HCPCS 2020 (expert editions are allowed) Additional fees:
- [AAPC Membership-payable directly to AAPC](#)
- [Student exam fee-payable directly to AAPC](#)

CLASS SIZE

LIMITED TO 25 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? _____

Experience in healthcare field:

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

PAYMENT OPTIONS: Saturday #CEPCNJ0920

Option A: Standard Registration - Payment in FULL \$1,700.00
(Full payment due by September 18, 2019)

Option B: Standard Registration- PAYMENT PLAN \$1,795.00
(The \$95 additional fee is for administration of payment plan)

You must pre-register (\$350 non-refundable deposit) to reserve a seat at www.cpcexamprep.com

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

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

Signature of Applicant**

Date

**Signature required on all enrollment forms.

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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 2020

Option B: Installment payment plan is as follows:

Pre- Registration = \$350.00

Payment 1 (Sept. 26) = 289.00

Payment 2 (Oct. 10) = 289.00

Payment 3 (Oct. 24) = 289.00

Payment 4 (Nov. 7) = 289.00

Payment 5 (Nov. 21) = 289.00

Payment Plan Total = \$1795.00 (Includes \$95.00 Processing Fee)

**Student will not be allowed to sit for exam until balance for class is \$0.*

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.**