2018 Professional Medical
Coding Curriculum (PMCC)
AAPC Approved and Licensed PMCC Instructor
WWW.CODINGADVANTAGE.COM
"Education for the Business side of Medicine"

Instructor:
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www.codingadvantage.com

FEES:

CPC PREP COURSE_____$1,800.00

The program includes:
- 13-15 weeks (80 hours) of **classroom instruction**) **and on-line course materials**
- Personalized one-on-one **coaching**
- Professional Medical Coding Curriculum (PMCC) **Training manual**
- American Academy of Professional Coders (AAPC) **on-line practice exam**
- AAPC **student membership**

DEPOSIT FEES:

$700.00 Deposit required to hold your place for the *in-class course*. The remaining balance must be paid prior to the start of class unless you have been approved and signed a payment plan.

Payments can be made by cash, check or money order payable to: **CODING ADANTAGE, LLC**
Payment can also be made through *PAYPAL*. An online *PAYPAL* account is not required.

Books required for the course purchased separately

Coding books not included but **required for course**:
- CPT 2018 (AMA Professional edition only *VERY IMPORTANT*)
- ICD-10-CM 2018 (expert editions are allowed; student choice)
- HCPCS 2017 or 2018 (expert editions are allowed; student choice)

Exam purchased separately DIRECTLY through AAPC
- $300 exam fee** (**payable to AAPC**) this will be due to AAPC 6-8 weeks prior to the exam date.
  **Students receive a discount by enrolling in our class. Normal fee is $375

2018 CPC PREP COURSE IN PERSON or ON-LINE
Professional Medical Coding Curriculum (PMCC)

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STUDENT ENROLLMENT AGREEMENT

STUDENT NAME_____

EMPLOYER_____

ADDRESS □ WORK □ HOME

_____

_____

CONTACT PHONE NUMBER:_____

EMAIL ADDRESS: _____
(all class correspondence through email please use an email address you check daily)

AAPC MEMBER ALREADY? □ YES □ NO **AAPC MEMBER #** _____
(your membership will be purchased for you if you are not already a member)

HOW DID YOU HEAR ABOUT THIS COURSE?_____

Experience in healthcare field:

□ **None**

□ **Yes, but not in coding/billing. Specify-(_____)**

□ **Yes. Please indicate years of experience (____) and Specialty (_____)**

CODING ADVANTAGE, LLC agrees to provide the coding training using the licensed AAPC curriculum. The student and Coding Advantage, LLC understand that this enrollment agreement and course policies, may not be amended except in writing and signed by both parties.

STUDENTS WITH UNPAID BALANCES WILL HAVE ACCESS TO THE ON-LINE COURSE SUSPENDED IMMEDIATELY AND WILL NOT BE PERMITTED INTO THE CLASSROOM UNTIL PAYMENT IS RECEIVED.

_____

Signature of Applicant**   **Date**

 ****Signature required on all enrollment forms.**   **Page 1 of 2**

2018 CPC PREP COURSE POLICIES
Professional Medical Coding Curriculum (PMCC)
WWW.CODINGADVANTAGE.COM

COURSE POLICIES- PAYMENTS AND REFUNDS

Refunds and Cancellation Policy
A refund will be made if request is done in writing prior beginning the course.

Once the books and student memberships are paid to the AAPC that amount plus a non-refundable administrative fee ($200) will be deducted from the refund. **No refunds will be made after the first day of course**. If student withdraws from class after the first day, they will be allowed to register for the next available class. If Coding Advantage 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 by instructor.

Copyright
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Returned Checks
Any checks returned for insufficient funds will be assessed a fee of an additional $30.00

Select appropriate payment method:

I am paying the required registration fee of $700 and will pay balance prior to the start of the course.

I am paying the full course fee in one payment of $1800.00.

I am electing a payment plan Payment plan:

I _____ agree to pay _____ payments of $_____ *(enter amount)*

 to pay for this course. Payments will be made on the following dates: *(registration fee is required)*

Payment dates:

#1 _____   #4 _____

#2 _____   #5 _____

#3 _____   #6 _____

I understand that if my payment is late, I may not be admitted to class and my access to the on-line course will be suspended also, if attending a local course, I will not be able to sit for the private proctored exam.

_____
I agree with the above terms and conditions   **Date**

FORMS MAY BE COMPLETED ELECTRONICALLY, FAXED TO 888-974-0378 OR MAILED TO:
CODING ADVANTAGE, LLC. PO BOX 691 CHARDON OHIO 44024