

ENROLLMENT AGREEMENT

Certified Professional Coder (CPC)

MEDICAL CODING ACADEMY

PO Box 120325

East Haven, CT 06512

(203) 848-0496

medicalcodingac@aol.com

CLASSES HELD AT

Aces Academy

205 Skiff Street Hamden, CT 06517

STUDENT NAME: _____ **Email:** _____

ADDRESS: _____

CITY/TOWN: _____ **ZIP CODE:** _____

TELEPHONE/HOME: _____ **CELL/WORK:** _____

Enrolled in the **Certified Professional Coder (CPC)** program starting on ____/____/____ and ending on ____/____/____ for a period of 20 weeks, meeting on ____ Thursday evenings, 5:30-8:00 pm. This course entails a minimum of 45 class hours and approximately 45 home study hours.

Definitions: In this agreement, the words "we", "our" and "us" refer to the MEDICAL CODING ACADEMY. The words "you" and "your" refer to the student.

- 1. COST**, includes \$100.00 non-refundable registration fee; \$300.00 non-refundable workbook fee for CPC student

____ Certified Professional Coder-**CPC PROGRAM:** (90 Clock Hours)

Tuition: \$2,800.00 **All tuition fees include \$100.00 non-refundable registration fee due with application submission. In addition, the student is responsible for the \$300.00 examination fee due 8 weeks prior to the national examination made payable to the AAPC. (45 Class Hours and 45 Home Study)

2. PAYMENT AND COSTS:

CPC TUITION = \$2,800.00 which includes a \$100.00 non-refundable registration fee and the non-refundable \$300.00 workbook cost and the **CODING TEXTBOOK COST.**

THE NATIONAL EXAMINATION FEE = \$300.00 student's responsibility due 8 weeks prior to the scheduled national exam date

- Payment is due two (2) weeks prior to the start of class unless the student and the director of the MEDICAL CODING ACADEMY have made other arrangements.
- The method of payment: ___ Cash ___ Check ___ MC ___ VISA
(Please check one)

3. ATTENDANCE POLICY:

- Due to the condensed nature and clock hour requirements, the student can not have more than two (2) absences for the CPC Curriculum. In addition, each time a student is tardy or leaves class early; 15-minute increments will be deducted from their attendance record.
- The student must make up the time that was missed at the convenience of the instructor.

4. THE MEDICAL CODING ACADEMY DOES NOT GUARANTEE EMPLOYMENT FOR ANY OF THE ENROLLED STUDENTS.

5. REFUND AND COURSE WITHDRAWAL POLICY:

- If a student wishes to withdraw from the course, the student should provide notice in writing. A refund, with the exception of the \$100.00 non-refundable registration fee and the non-refundable \$300.00 workbook fee that comes out of the tuition, will be made at 50% of the tuition up to the second class and is non-refundable at the close of the second class. This refund will be made within 30 days, refund based on the last day of verifiable attendance.
- If an enrolled student wishes to retake the class they have within a year of enrollment to retake at no charge except for books if needed.
- If a student is terminated from the class for not following the school's conduct policy, the tuition is non-refundable.

6. STUDENT CONDUCT POLICY:

The Director of the MEDICAL CODING ACADEMY reserves the right to dismiss any student whose conduct is deemed unsatisfactory. Unsatisfactory conduct is theft, carrying a weapon, use of alcohol or illegal drugs on the school/class premises; failure to abide by school regulations, assault upon another student or a staff member, destruction of property, insubordination to a staff member with physical harm or who willfully destroy school property will be immediately dismissed. Deliberate dishonesty, violating resident confidentiality, cheating, plagiarism, giving false information or altering institutional documents are grounds for dismissal. Non-payment is grounds for dismissal.

UPON SUCCESSFUL COMPLETION OF THE COURSE, MAINTAINING A 70% OR ABOVE GRADE AVERAGE, YOU WILL RECEIVE A CERTIFICATE OF COMPLETION FROM THE MEDICAL CODING ACADEMY. THIS WILL ALLOW YOU TO BE ELIGIBLE TO SIT FOR THE AMERICAN ACADEMY OF PROFESSIONAL CODER'S

NATIONAL EXAMINATION, COST OF WHICH IS CURRENTLY \$290.00 AND IT IS THE STUDENT'S RESPONSIBILITY TO COMPLETE THE REQUIRED NATIONAL EXAMINATION APPLICATION AND FORWARD WITH THE EXAMINATION FEE TO THE INSTRUCTOR ON/BEFORE THE DESIGNATED DATE PROVIDED BY THE INSTRUCTOR.

I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, RECEIVED AND COMPLETED THE ENROLLMENT AGREEMENT AND SCHOOL CATALOG. I UNDERSTAND AND AGREE TO UPHOLD MY OBLIGATIONS AND RESPONSIBILITIES AS DESCRIBED IN THIS AGREEMENT.

DIRECTOR SIGNATURE: _____ **DATE:** _____

STUDENT SIGNATURE: _____ **DATE:** _____

**Once you have completed the enrollment agreement,
please forward to:**

**MEDICAL CODING ACADEMY
PO Box 120325
East Haven, CT 06512
ATTN: SECRETARY**