



MEDICAL CODING ENROLLMENT AGREEMENT

STUDENT NAME: _____

E-MAIL: _____

ADDRESS: _____

CITY/TOWN: _____

ZIP CODE: _____

CELL: _____

COURSE: CERTIFIED PROFESSIONAL CODER (CPC)

LENGTH OF PROGRAM: 5 months- Online

TUITION: \$2,600 (Excluding books)

THE NATIONAL EXAMINATION FEE = \$300.00) This is the student's responsibility to pay AAPC 4 weeks prior to the scheduled national exam date.

- Payment is due 2 weeks prior to the start of class unless the student makes other arrangements with the Director
- Method of payment: Cash ___ Visa ___ via PayPal ___ (Please check one)

ATTENDANCE POLICY:

- Due to the condensed nature of the program, the student cannot have more than two **(2) absences for the CPC Curriculum.**
- The student must make up the time that was missed by catching up on prior assignments.
- **EMPLOYEMENT IS NOT GUARANTEED FOR ANY OF THE ENROLLED STUDENTS**

REFUND AND COURSE WITHDRAWAL POLICY

If a student wishes to withdraw from the course, the student must provide written notice. The student will be responsible to pay the LMS (Blackboard) access fees which will be \$1,500. This is contingent on if the student wants to keep LMS (Blackboard) access for 1 year. Fifty (50%) of the tuition up to the second class is non-refundable. This refund will be made within 30 days based on the last day of verifiable attendance

POLICY

The Director of operations of **New York Medical Coding Academy** reserves the right to dismiss any student for non-payment of tuition.

COMPLETION OF COURSE

Upon successful completion of the course, once a **70%** or better grade average was maintained, you will receive a certificate of completion

NOTE:

By attending the New York Medical Coding Academy, you will be eligible to sit for the American Academy of Professional Coders' National Examination. The cost is approximately \$300.00. The exam will be scheduled by me the Director and exam fees will be paid to AAPC. The exam can be taken at Jamaica Hospital which is included in your fees to AAPC or you can take the exam privately with New York Medical Coding Academy for \$100

I acknowledge that I have read, understand, received and completed the enrollment agreement. I understand and agree to uphold my obligations and responsibilities as described in this agreement.

Student's Signature (Print) _____ **Sign** _____

Date _____

Director's Signature _____ **Sign** _____

Date _____