

Address: 31-00 47th Avenue, Suite 3100B, Long Island City, New York, 11101 Phone (929)-344-7880. Email: info@nymedicalcodingacademy.com

ON-LINE MEDICAL CODING AGREEMENT

Do not sign this agreement before you read it. The agreement must be filled out. The agreement is not binding until accepted by the Director of New York Medical Coding Academy. Complete and sign the agreement and email (info@nymedicalcodingacademy.com) the to Director.

Total number of weeks: 20 Time to complete	the course 5 months. Grace period: 24 (6 months)
Student Name	Start Date
Cost of Course: \$2,600 excluding books	
Qualifications: High School or Higher	
A grade of C must be maintained or higher. St a final. Students must pass all exams with a C proceeding to the next chapter, students are re multiple choice questions. Students who are h the issues at hand and the instructor will meet	instructor (s) and assignment must be completed weekly. Undents will be required to take a weekly quiz, midterm and Cor better grade. After each weekly quiz, before equired to take an exam which will consists of 50 to 75 aving difficulty with a chapter, must e-mail their instructor with the student within 48 hours via Zoom or via phone gh Fridays. Exceptions will be made to accommodate
Refund Policy : There will be NO REFUND once program will remain active for 1 year if you ch	e the software has been initiated by AAPC. However, the cose to withdraw.
•	onths, NYMCA will invoice you an additional \$200 a month se exceeds 1-year AAPC will charge you \$29.95 a month to
<u>Attendance</u> : Due to the condensed nature of tabsences.	the program, the student cannot have more than two
Non-Payment : The Director reserves the right	to dismiss any student for non- payment
<u>Completion of Course</u> : Students will receive a the course.	Certificate of Completion upon successful completion of
	al Coding School, you will be eligible to sit for the American m. The cost is approximately \$400 and will be paid to
_	eceived, and completed the enrollment agreement. In a sand responsibilities as described in this agreement.
Student Signature	
Telephone #	E-mail

State_____

Zip Code___

City_