



Address: 16 Madison Square West, 12th Floor, New York, NY 10010
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) to the 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: **\$2,700** (including taxes) excluding books

Qualifications: High School or Higher

Course Policy: Chapters will be explained by instructor (s) and assignment must be completed weekly. A grade of **C** must be maintained or higher. Students will be required to take a weekly quiz, midterm and a final. Students must pass all exams with a **C** or better grade. After each weekly quiz, before proceeding to the next chapter, students are required to take an exam which will consist of 50 to 75 multiple choice questions. Students who are having difficulty with a chapter, must e-mail their instructor the issues at hand and the instructor will meet with the student within 48 hours via Zoom or via phone between the hours of 9a to 5p Mondays through Fridays. **Exceptions will be made to accommodate students.**

Refund Policy: There will be **NO REFUND** once the software has been initiated by AAPC. However, the program will remain active for 1 year if you choose to withdraw.

If the CPC course is not completed within 6 months, NYMCA will invoice you for an additional **\$200 a month** until the course is completed. Also, if the course exceeds 1-year AAPC will charge you **\$29.95 a month** to continue using the software.

Attendance: Due to the condensed nature of the program, the student cannot have more than two absences.

Non-Payment: The Director reserves the right to dismiss any student for non- payment

Completion of Course: Students will receive a **Certificate of Completion** upon successful completion of the course.

CPC Exam: By attending the New York Medical Coding School, you will be eligible to sit for the American Academy of Professional Coder's National Exam. The cost is approximately **\$400** and will be paid to **AAPC**. The Director will schedule the exam.

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

Student Signature _____ Date _____

Telephone # _____ E-mail _____

Address _____ City _____ State _____ Zip Code _____